



**APPLICATION FOR NON-INDIVIDUAL MEMBERSHIP**

*This application form is to be completed and returned by email to [membership@wisa.org.za](mailto:membership@wisa.org.za).*

Please select which membership grade you would prefer\*:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Company</b>      | <input type="checkbox"/> <b>Educational Institution</b> |
| <input type="checkbox"/> <b>Municipality</b> | <input type="checkbox"/> <b>Patron Member</b>           |

\*Please note that the membership grades for Educational Institutions and Municipalities are limited to such organisations.

Please select the most appropriate category:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Private</b>               | <input type="checkbox"/> <b>Water Service Provider</b>          |
| <input type="checkbox"/> <b>Municipality</b>          | <input type="checkbox"/> <b>Educational Institution</b>         |
| <input type="checkbox"/> <b>Government Department</b> | <input type="checkbox"/> <b>Professional Member Association</b> |

Please select the most appropriate business functions below:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Laboratory Services</b>                  | <input type="checkbox"/> <b>Consultants</b>              |
| <input type="checkbox"/> <b>Industrial and Mine Water Management</b> | <input type="checkbox"/> <b>Research and Development</b> |
| <input type="checkbox"/> <b>Water and Wastewater Management</b>      | <input type="checkbox"/> <b>Groundwater Management</b>   |
| <input type="checkbox"/> <b>Other: please indicate: _____</b>        |  |

**Name of Company/ Organisation** \_\_\_\_\_  
 \_\_\_\_\_

**Company Reg No:** \_\_\_\_\_ **VAT NO:** \_\_\_\_\_

**Company Telephone Number:** \_\_\_\_\_ **Company Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Details of Company Representative/ Primary Contact:

**Title:** \_\_\_\_\_ **First Name and Surname:** \_\_\_\_\_

**Designation / Position** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**eMail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For office use only</b>	
Date Received: _____	Date Application Processed: _____
Membership Number: _____	Membership Grade Allocated: _____

Physical Address		Postal address (If different from physical)	
Address 1:		Address 1:	
Address 2:		Address 2:	
Suburb:		Suburb:	
Town/ City:		Town/ City:	
Postal Code		Postal Code	
Province/ State		Province/ State	
Country		Country	

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### Communication

As a member of WISA you will be receiving various magazines, newsletters, event notifications and marketing material from us. Please indicate if you would like to receive these communications:  YES or  NO

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### Benefits for Non-Individual Members

There are four different membership benefit levels for non-individual members. These can be viewed on the links provided below:

Company Benefits: <https://wisa.org.za/wp-content/uploads/2023/10/Company-Member-Benefits-2023-2024.pdf>

Educational Institution Benefits: <https://wisa.org.za/wp-content/uploads/2023/10/Educational-Institutions-Benefits-2023-2024.pdf>

Municipality Benefits: <https://wisa.org.za/wp-content/uploads/2023/10/Municipality-Members-Benefits-2023-2024.pdf>

Patron Members Benefits: <https://wisa.org.za/wp-content/uploads/2023/10/Patron-Membership-Benefits-2023-2024.pdf>

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### Important Information

All new members are required to pay a once off non-refundable administration fee of R1,000.00. Please note that WISA will only process your application once this fee has been paid. When your application has been processed WISA will issue your membership fee invoice for payment. When we receive your membership fee payment we will send your welcoming pack and Membership Certificate.

WISA Bank Details:

- First National Bank
- The Boulders Branch – 250 856
- Current Account: 620 44 55 2710
- Please use either your Company Name or Membership number as a reference when paying
- Please email proof of payment to both [membership@wisa.org.za](mailto:membership@wisa.org.za) and [debtors@wisa.org.za](mailto:debtors@wisa.org.za)

Please notify us of any changes in your contact details so that we may update your information accordingly, or visit [www.wisa.org.za](http://www.wisa.org.za) and login to update your details.

**Declaration**

This declaration is to be signed by the authorised signatory of the company:

By completing this form you agree to become a company member of the Water Institute of Southern Africa and when admitted you agree to abide by the institutes Code of Conduct and Rules of the Company. You acknowledge and agree that your membership with the institute will be automatically renewed every year and you commit to pay promptly and in advance the annual subscription fee by 31 January of each year. You agree to generally promote the aims and objectives of the Institute and to enhance the environment.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Additional Contacts**

Please complete the table below with the information of your additional contact persons as described in the benefits. Please note that the number of additional contacts is limited depending on the membership grade selected.

Grade Type		Initials and surname	Designation	Work telephone number	Cell phone number	Email address
ALL	Primary contact					
ALL	Additional contact 1					
Education, Municipality, Patron	Additional contact 2					
Patron	Additional contact 3					
Patron	Additional contact 4					