



**FUNERAL INDUSTRY REFORMED ASSOCIATION**

**ENTITY CATEGORIES**  
**MEMBERSHIP**  
**APPLICATION FORM**

**Tel: 072 852 5456 Fax: 086 411 8211**

**E-mail: [info@fira.org.za](mailto:info@fira.org.za)**

**Website: [www.fira.org.za](http://www.fira.org.za)**

**P.O. Box 2879, Edenvale, 1610**

# **APPLICATION FOR MEMBERSHIP – ENTITY CATEGORIES**

## **Applicant Details:**

Title (Hon, Dr, Mr, Mrs, Ms): \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: Administrator \_\_\_\_\_ Banking Industry \_\_\_\_\_ Broker \_\_\_\_\_  
Faith Based Group \_\_\_\_\_ Insurance Company \_\_\_\_\_ Manufacturer \_\_\_\_\_  
NGO \_\_\_\_\_ Service Provider \_\_\_\_\_ Supplier \_\_\_\_\_  
Union \_\_\_\_\_ Other \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: Yes/No \_\_\_\_\_ Website Address: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Number of Branches: \_\_\_\_\_ Provinces: \_\_\_\_\_

Do you supply goods and services within the funeral & related services industries? Yes/No: \_\_\_\_\_

What is the nature of the goods and/or services rendered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attached a copy of the registration certificate of the entity with this application: \_\_\_\_\_

**Applicant Initial:** \_\_\_\_\_

By my signature below, I agree that my application shall be dealt with according to the rules and terms and conditions of FIRA, the information provided by me herein is, to the best of my knowledge, true and correct and to undertake to the following:

- I confirm my authority to apply herewith on behalf of the above-mentioned company;
- I accept the FIRA's Code of Conduct as the basis on which the company will be operated;
- I will strive to uphold the Constitution of the FIRA;
- Where applicable I will meet the minimum requirements concerning the funeral directing profession including health requirements;
- I undertake to pay the annual membership fees as determined during the Annual General Meetings.

**The joining/administration fee as per categories defined by the FIRA Membership Policy, must be paid into the FIRA's bank account at:**

<b>Bank:</b>	<b>Standard Bank</b>
<b>Account Number:</b>	<b>012710202</b>
<b>Account Name:</b>	<b>FIRA</b>
<b>Type:</b>	<b>Business Current Account</b>
<b>Branch Code:</b>	<b>012345</b>
<b>Branch code (electronic payment):</b>	<b>051001</b>

where after the deposit slip and completed application form must be faxed to 086 411 8211 or email to [info@fira.org.za](mailto:info@fira.org.za)

Please use 'FIRA application and part of your company name' as deposit reference.

The balance of the annual membership fee will be payable on acceptance to the Association.

I understand that in the case of the application being unsuccessful, the amount will be forfeited.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ (month) 201\_\_ (year)

\_\_\_\_\_  
**APPLICANT SIGNATURE**

#### **Terms and conditions of membership -**

By signing the application form the applicant agree to abide to the terms and conditions of FIRA's constitution & members policy AND accept that membership would commence on proof of payment received & confirmed by FIRA's auditors and in-house administrator.

**FOR OFFICE USE:**

**Remarks:** \_\_\_\_\_

Membership Approved: \_\_\_\_\_ Membership Declined: \_\_\_\_\_

Certified copy of certificate of compliance (COC, FSB, SARS) company registration, ID's: Yes/NO \_\_\_\_\_

**Reasons for declining a prospective applicant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Appeal: \_\_\_\_\_ Yes/No      Review \_\_\_\_/\_\_\_\_/20\_\_\_\_ Yes/No \_\_\_\_\_

Checked by: \_\_\_\_\_ FIRA Quality Control: \_\_\_\_\_

Signature: \_\_\_\_\_ True and correct: Yes/No \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **FIRA Designated Official**

**SIGNATURE:** \_\_\_\_\_ **True and correct: Yes/No** \_\_\_\_\_