



FUNERAL INDUSTRY REFORMED ASSOCIATION

PUBLIC
MEMBERSHIP
APPLICATION FORM

Tel: 072 852 5456 Fax: 086 411 8211

E-mail: info@fira.org.za

Website: www.fira.org.za

P.O. Box 5591, The Reeds, Centurion, 0158

APPLICATION FOR MEMBERSHIP – PUBLIC

Applicant Details:

Title (Hon, Dr, Mr, Mrs, Ms): _____

Physical Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code: _____

Work Tel: _____ Home: _____ Fax: _____

Cell Number(s): _____

E-mail: _____

Name of preferred funeral parlour: _____

Address: _____

_____ Postal Code: _____

Work Tel: _____ Cell: _____ E-mail: _____

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 acknowledge that I can only qualify for assistance, guidance and/or submit an official complaint on the prescribed FIRA complaint initial form, AS AN ACTIVE MEMBER of the Association, with my membership fees paid up to date;
- I undertake to pay the annual membership fees as determined during the Annual General Meetings.

The joining fee of R 200-00 must be paid into the FIRA's bank account at:

Bank:	Standard Bank
Account Name:	FIRA
Account Number:	012710202
Type:	Business Current Account
Branch Code:	012345
Branch Code (electronic Payments):	051001

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

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

The balance of the annual membership fee of R 400-00 will be payable on acceptance to the Association:

Annual membership – R 600-00

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 applicant's ID: Yes/NO _____

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** _____