



Southern African Biofuels Association

Application for SABA Membership

I/we

Name (Individual/Company/
Institution/Organization)

Physical address
(Street, post code, city)

Postal address
(P.O. box/street, post code, city)

Country

Legal representative

Website

SABA contact person

Position of contact person
within applying company/
institution/organization

Telephone

Cell Phone

Fax

E-mail address

hereby confirm my/our interest to become a member of the

***Southern African Biofuels Association
(SABA).***



Southern African Biofuels Association

Membership to commence on: _____

Please indicate your Member-Category and the most appropriate SABA directorate:

- Member category
 - Individuals and companies up to 10 employees (R 2.000-)
 - Non-profit organizations and governmental institutions (R 4.000,-)
 - Companies larger than 10 employees (R 5.000,-)

- SABA directorate
 - Biomass Producer Group
 - Biofuel Producers and Supporting Industry
 - Biofuel Distributors and Service Providers

(please mark according box with a cross)

The membership fee will be transferred not later than 30 days after the receipt of invoice.

Date

Signature

Please send application to:

***Erhard Seiler
CEO
fax: +27 (0) 11 486 3625
e-mail: e.seiler@saba.za.org***