www.sadcwib.africa
info@sadcwib.africa

ASSOCIATION OF SADC Women In Business

Membership Application Form

Section A: Personal Information

1. Full Name:

First Name: _____

Last Name: _____

2. Date of Birth:

Day: _____ Month: _____Year: _____

3. Nationality:

_____

4. ID/Passport Number:

_____

5. Contact Information:

Mobile Number: _____

Email Address: _____

6. Residential Address:

_____

_____

City: _____ Postal Code: _____

Country: _____

Section B: Professional Information

1. Current Occupation/Title:

_____

2. Company/Organization Name:

_____

3. Business Address:

_____

_____

City: _____ Postal Code: _____

Country: _____

4. Years of Professional Experience:

_____

5. Industry/Sector:

_____

Section C: Business Information

1. **Please provide the details of your business below**

Business Name: _____

Business Type: _____

Business Website (if applicable): _____

Business Registration Number: _____

2. **Briefly Tell Us About Your Business or Professional Services:**

_____

_____

_____

3. What are your business aspirations and how do you believe being part of SADC Women In Business can support you to achieve them?

_____

_____

_____

_____

Section D: Payment of Registration Fee

- **Registration Fee**: **$60**

- **Banking Details for Payment**:

Account Name: SADCWDD Association
Bank Name: FNB, Woodmead Branch
Account Number: 63086927953
Branch Number: 250655

Proof of Payment:

- Please include your proof of payment with this application on your email to us.

- Payment Reference: Please use your full name as the reference.

Section E: Declaration

I, the undersigned, declare that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of SADC Women In Business and understand that my membership is subject to approval by the association.

- Signature: _____

- Date: _____

Section F: Submission Details

Please submit your completed application form and proof of payment on email to:

Email Address: admin@sadcwib.africa

*For SADCWiB Official Use:

- Application Received Date: _____

- Proof of Payment Received: Yes ☐ No ☐

- Membership ID: _____

- Processed By: _____

- Signature: _____

- Date: _____

Thank you for your application to join SADC Women In Business Association. We look forward to welcoming you to our empowering community of pioneering business women!