



NAME OF MEMBER:

REGISTRATION TYPE : (eg. Section 21):.....

REGISTRATION NUMBER:

PHYSICAL ADDRESS:.....

POSTAL ADDRESS:.....

CITY: PROVINCE:

POSTAL CODE

TELEPHONE No: FAX NO:

E-MAIL ADDRESS:

WEBSITE:

VAT NUMBER : YEAR OF ESTABLISHMENT:

NUMBER OF EMPLOYEES.....

DETAILS OF PERSON RESPONSIBLE FOR AUTHORISING MEMBERSHIP:

NAME: DESIGNATION:

DATE: SIGNATURE:

As the organisational representative, I declare that the information furnished in the application is correct. I hereby confirm that the Code of Good Conduct and Rules of the Clarens Chamber of Commerce have been read and understood. I commit our organisation to abide by the Code of Good Conduct and rules of CCC as pertains to its membership. In the event that my organisation wishes to terminate its membership of CCC, I hereby commit that all outstanding fees to the CCC would be settled in full, as provided for by the Rules of CCC.

Note: Membership fees are calculated based on the total number of employees of the organisation.

Please complete and return to the address below.

Enquiries: Joan Keyter

E-mail: admin@clarenschamber.co.za

Cell: 060 529-1636

MEMBERSHIP FEES FOR 2024

All categories of Membership fees (except Cat F, G,H and I) will attract R300 joining fee.

Category	Number of Employees	Membership Fees per Annum
A	0-3 Employees	R750
B	4-8 Employees	R980
C	9-15 Employees	R1580
D	16-20 Employees	R2450
E	21+ Employees	R3450
F	Informal Businesses	R450 + R100 joining fee
G	Associate Membership	R1'000
H	Gold Membership	R6'900
I	Platinum Membership	R9'900