

MEMBERSHIP APPLICATION



GAUTENG
 WESTERN CAPE
 KZN
 EASTERN CAPE

Company Name:	Company Reg. No:
Physical Address:	VAT No:
Website:	Telephone:
Company Representative	• I agree that PtSA may use my company information for statistics and forward planning <input type="checkbox"/> • The Company undertakes to pay the membership fees upon receipt of invoice <input type="checkbox"/> • In the event that the Company wishes to resign its membership, then a formal resignation letter to be sent to PtSA <input type="checkbox"/>
Name & Surname:	
Mobile Number:	
Email Address:	
Accounts Contact	
Name & Surname:	Signature:
Mobile Number:	Date:
Membership Category to join:	Company Turnover:
<i>Mark with an "X" to indicate Membership category to join</i>	<i>Mark with an "X" to indicate turnover</i>
Industry Member <input type="checkbox"/>	R5m or Less <input type="checkbox"/>
Associate Member <input type="checkbox"/>	R5m-R35m <input type="checkbox"/>
Institutional Member <input type="checkbox"/>	R35m-plus <input type="checkbox"/>

OPERATIONS INDUSTRY MEMBERS

Toolmaking	Production Manufacturing	Customers
General Toolmaking <input type="checkbox"/>	Injection Moulding <input type="checkbox"/>	Export <input type="checkbox"/>
Injection Moulds <input type="checkbox"/>	Blow Moulding <input type="checkbox"/>	Domestic <input type="checkbox"/>
Blow Moulds <input type="checkbox"/>	Metal Pressings <input type="checkbox"/>	Automotive <input type="checkbox"/>
Press Tools <input type="checkbox"/>	Machine Building <input type="checkbox"/>	Packaging <input type="checkbox"/>
Pattern Making <input type="checkbox"/>	Castings <input type="checkbox"/>	Aerospace <input type="checkbox"/>
Jigs & fixtures <input type="checkbox"/>	Forgings <input type="checkbox"/>	AGRI-Processing <input type="checkbox"/>
Assembly Systems <input type="checkbox"/>	Composites <input type="checkbox"/>	Medical <input type="checkbox"/>
Checking Fixtures & gauges <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Marine <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>		Other (specify) <input type="checkbox"/>

Precision Machining	Capabilities	Services
CNC Turning <input type="checkbox"/>	CAD <input type="checkbox"/>	Design Services <input type="checkbox"/>
CNC Milling <input type="checkbox"/>	CAM <input type="checkbox"/>	Metrology <input type="checkbox"/>
Grinding Universal <input type="checkbox"/>	Additive Manufacture Plastics <input type="checkbox"/>	Prototyping <input type="checkbox"/>
Grinding Surface <input type="checkbox"/>	Additive Manufacture Metal <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
EDM Wire <input type="checkbox"/>	5 AXIS Machining <input type="checkbox"/>	
EDM Plunge <input type="checkbox"/>	Quality listings: - (specify) <input type="checkbox"/>	
Conventional Milling <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	
Conventional Turning <input type="checkbox"/>		
Other (Specify) <input type="checkbox"/>		

Company Expectations from Membership:	
	Machine Tools <input type="checkbox"/>
	Cutting Tools <input type="checkbox"/>
	Computer Software <input type="checkbox"/>
	Logistics <input type="checkbox"/>
	Non-Ferrous Material <input type="checkbox"/>
	Steels <input type="checkbox"/>
	Other (specify) <input type="checkbox"/>

Completed by:	Office Use
Company Rep:	Membership Approved Regional Exco YES <input type="checkbox"/> NO <input type="checkbox"/>
PtSA Rep:	Recorded in Database Date:
Date:	Membership Number: