

## ASSOCIATE MEMBERSHIP APPLICATION FORM 2018

Please complete this form and email to [sapaservices@vdw.co.za](mailto:sapaservices@vdw.co.za).  
This application form can also be completed online at our website: [www.sapayroll.co.za](http://www.sapayroll.co.za).

**PERSONAL DETAILS:**

TITLE:	SURNAME:
FIRST NAMES:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	CELL NUMBER:

**COMPANY DETAILS:**

COMPANY VAT REGISTRATION NUMBER:	
COMPANY NAME:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
ACCOUNTS PERSON:	EMAIL ADDRESS:
NO. OF EMPLOYEES:	TYPE OF BUSINESS:

**WHERE DID YOU HEAR ABOUT THE SA PAYROLL ASSOCIATION?**

WORD OF MOUTH	MEMBERS OF THE ASSOCIATION	
PUBLICATION I.E PAYROLL WORLD ETC.	EMAIL NOTICES	
INTERNET	OTHER:	
<b>MEMBER TYPE</b>	<b>FEE PER ANNUM</b>	<b>TICK</b>
Associate Member	R 1,075.00 (INCL. VAT)	

*All Individuals applying for membership will be listed as Associate Members until the application for qualification for Certified Payroll Manager/Administrator/Clerk has been approved.*

**For more info on the Qualification process, please visit [www.sapayroll.co.za](http://www.sapayroll.co.za).**

If you require further information in this regard, please call the SA Payroll Association's Secretariat.



## SA Payroll Association Mission Statement

We are dedicated to the promotion of excellence and high standards within the payroll administration profession and the elevation of the payroll practitioner as a recognized professional.

## SA Payroll Association - Code of Ethics

### Members are committed to:

1. Be honest, reliable and trustworthy
2. Recognise the sensitivity of the payroll relationship between employer, employees and payroll professionals.
3. Maintaining the absolute confidentiality of the payroll at all times
4. Ensuring compliance with current legislation insofar as it affects payroll administration
5. Striving for accuracy and timeliness of all payroll related activities
6. Refraining from using Association activities for personal self-interest or financial gain
7. Supporting fellow Payroll Professionals both within and outside the association
8. Promoting and supporting the activities of the association



Name & Surname: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_