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ASSOCIATE MEMBERSHIP APPLICATION FORM 2020

Please complete this form and email to sapaservices@vdw.co.za
 This application form can also be completed online at our website: www.sapayroll.co.za

PERSONAL DETAILS:

Title:		Surname:	
First Names:			
Postal Address:			
Phone Number:		Fax Number:	
Cell Number:			
e-mail Address:			

COMPANY DETAILS:

Company Name:			
Vat Registration Number:			
Physical Address:			
Postal Address:			
Telephone Number:		Fax Number:	
Accounts Person:			
e-mail Address:			
No. Of Employees:		Type of Business:	

WHERE DID YOU HEAR ABOUT THE SOUTH AFRICAN PAYROLL ASSOCIATION?

Word of Mouth		Members of the Association	
Publication i.e. Payroll World etc.		e-mail Notices	
Internet		Other	

MEMBERSHIP:

MEMBER TYPE	FEE PER ANNUM	TICK
ASSOCIATE MEMBER	R 1 185.00 (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

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 recognised 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 timelines 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 _____

on this _____ day of _____

Signature of Applicant: _____