

**GRAIN HANDLING ORGANISATION OF SOUTHERN AFRICA (GOSA)**  
**P.O. Box 2515; MOSSEL BAY; 6500 – www.grainorgsa.co.za**

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 082 042 3890

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E-mail: info@grainorgsa.co.za

**APPLICATION FOR MEMBERSHIP**

(Please complete in block letters)

**FOR INSTITUTIONS:**

NAME OF INSTITUTION	
POSTAL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
CELL NUMBER	
NATURE OF BUSINESS eg. grains, marketing, financing, distribution and/or processing industry	
REPRESENTATIVES	

**FOR INDIVIDUALS:**

SURNAME		TITLE	
FIRST NAMES			
DATE OF BIRTH			
POSTAL ADDRESS			
TELEPHONE NUMBERS	(B)	CELL	
FAX NUMBER		E-MAIL	
CORRESPONDENCE PREFERENCE	Afrikaans	English	
NAME AND ADDRESS OF EMPLOYER/BUSINESS			
PRESENT OCCUPATION			
NATURE OF BUSINESS eg. Grains, feed, milling or processing industry. (Mention qualifications where applicable):			

.....

DATE

(of individual/authorized in case of the institutions)

.....  
SIGNATURE

PROPOSER	
SIGNATURE	DATE
SECONDANT	
SIGNATURE	DATE

***For office use only:***

<i>Date received:</i>	<i>Receipt Number:</i>
<i>Application: Approved</i>	<i>Ordinary Member</i>
<i>Rejected</i>	<i>as International Member</i>
<i>Date of Board Meeting:</i>	
.....	.....
.....	.....
<b>PRESIDENT</b>	<b>SECRETARY</b>