



THE SOUTH AFRICAN AEROSPACE, MARITIME AND DEFENCE INDUSTRIES ASSOCIATION

MEMBERSHIP APPLICATION FORM

TO: Magda Cloete

FAX: (012) 347 6350 or

E-MAIL: magda@amd.org.za

DATE: _____

1. We, _____
hereby apply for admission to membership of the South African Aerospace,
Maritime and Defence Industries Association in the grade,

GRADE		QUALIFYING REQUIREMENTS	VOTING RIGHTS	REPRESENTATION
Class A member		Groups with an aerospace, maritime and/or defence related turnover exceeding R250 million per year Annual Fee: R 154 790.46	10 votes at AMD AGM	2X Board Seats & 1X Alternate
<u>TICK</u>	<u>INITIAL</u>			
Class B member		Groups with an aerospace, maritime and/or defence related turnover between R50 and R250 million per year Annual Fee: R 77 395.23	5 votes at AMD AGM	1X Board Seats & 1X Alternate
<u>TICK</u>	<u>INITIAL</u>			
Class C member		Companies/small groups with an aerospace, maritime and/or defence related turnover between R25 and R50 million per year Annual Fee: R 38 697.61	3 votes at AMD AGM	Electoral college to elect 4 Board members
<u>TICK</u>	<u>INITIAL</u>			
Class D member		Companies with an aerospace, maritime and/or defence related turnover between R10 and R25 million per year Annual Fee: R 15 479.04	2 votes at AMD AGM	
<u>TICK</u>	<u>INITIAL</u>			
Class E member		Companies with less than R10 million aerospace, maritime and/or defence related turnover per year Annual Fee: R 7 739.53	1 votes at AMD AGM	
<u>TICK</u>	<u>INITIAL</u>			
Special member		Research/Educational Organisations/institutes (non-profit) Annual Fee: R 773.95	No votes at AMD AGM	Electoral college to elect 3 Board members
<u>TICK</u>	<u>INITIAL</u>			
Associate member Class A or B		Offices of overseas registered companies with extensive business activities in South Africa No vote Annual Fee: To be decided by the AMD Board		
<u>TICK</u>	<u>INITIAL</u>			
<u>TICK</u>	<u>INITIAL</u>			

Please note all amounts are VAT exclusive.

2. In support of our application we submit herewith a complete questionnaire and confirmation that we are engaged in the South African Aerospace, Maritime and/or Defence Industries as: (Specify activities of company)

3. Please indicate whether you are a registered supplier with Armscor, if yes, please supply your registered number.

4. We nominate _____ who currently holds the position of _____

as our Official Representative, i.e. who has the voting power on behalf of our group/company at any Members Meeting or AGM. The address and phone and fax number (Groups to please supply contact persons in their companies to be included in distribution lists separately) are as follows:-

COMPANY:	
REGISTERED COMPANY ADDRESS	
PHYSICAL STREET ADDRESS:	
POSTAL ADDRESS:	
POSTAL CODE:	
MOBILE:	()
TELEPHONE:	()
FACSIMILE:	()
E-MAIL:	
VAT REG NO:	

5. On acceptance by the Board of your application, the membership fees (**excluding VAT**) as stated above will be payable on invoice.

NAME _____

SIGNATURE: _____

DATE: _____

TITLE/POSITION: _____

6. In accordance with the Association's requirements of membership, we the undersigned Members of the South African Aerospace, Maritime and Defence Industries Association, sponsor the above company's application as:

GRADE	Mark with X
Class A member	
Class B member	
Class C member	
Class D member	
Class E member	
Special member	
Associate member	
Class A	
Class B	

Proposer: _____

Member Company	
Name of Signatory	
Signature:	
Date	

Secunder: _____

Member Company	
Name of Signatory	
Signature:	
Date	

FOR OFFICE USE

DATE RECEIVED: _____ **MEMBER NO:** _____

DATE ACCEPTED: _____

**THE SOUTH AFRICAN AEROSPACE MARITIME AND DEFENCE
INDUSTRIES ASSOCIATION**

MEMBERSHIP APPLICATION QUESTIONNAIRE

CONFIDENTIAL

TO: AMD

DATE: _____

1. Name of Company

2. Date of Incorporation

3. Registration number

4. Present Directors and their Nationality

_____	_____
_____	_____
_____	_____
_____	_____

5. Controlling shareholder(s) and percentage of holding(s)

_____	_____
_____	_____
_____	_____
_____	_____

6. If application is being made by a Division or Unit of the Company, please identify

7. Number of years engaged in the Aerospace, Maritime and/or Defence Industries:

8 Describe briefly the products, materials or services of the Company which qualify as "aerospace", "maritime" and/or "defence":-

9. Name the principal organisations to which aerospace, maritime and/or defence products, material or services, etc. are supplied:-

10. Number of personnel employed in aerospace, maritime and/or defence activities in the latest financial year (pro-rata if aerospace, maritime and/or defence is not the only activity) _____

11. Number of square metres of shop floor space occupied by the manufacture of aerospace, maritime and /or defence products and/or material (pro-rata if aerospace, maritime and/or defence is not the only activity)_____m.

12. Number of persons employed in design and development and/or drawing office in the organisation _____

13. State what appropriate design approvals and/or manufacturing approvals the Company holds (e.g. DCA) _____

14. State the Associations to which the Company belongs

15. State reason(s) for wishing to become a Member: _____

16. Please provide a detailed list and/or promotional material (e.g. brochures, pamphlets, videos, etc.) of your aerospace, maritime and/or defence activities (product, services, facilities, capabilities, etc.) to assist in compiling an "A.M.D" library and marketing literature.

SIGNED:_____

DATED:_____

APPOINTMENT:_____

AMD MEMBERSHIP APPLICATION CHECK LIST

IN ORDER TO ENSURE THE COMPLETENESS OF YOUR SUBMISSION, PLEASE CHECK THAT YOU HAVE COMPLIED WITH THE FOLLOWING

√ FORM IS SIGNED AND INITIALED AT ALL THE RIGHT PLACES – PLEASE TICK NEXT TO ITEM:

- Par. 1 – Membership Grade
- Par. 4
- Proposer
- Seconder
- Par. 16

√ ALL REQUIERED DOCUMENTS ARE SUBMITTED WITH AND ACCOMPANY YOUR APPLICATION – PLEASE TICK NEXT TO ITEM:

- Recently audited financial statements / auditor’s letter confirming defence related turnover & accuracy of financial information as provided
- Company Profile
- Signed SADRI Code of Conduct

Confirmation of checklist by applicant:

SIGNED: _____

DATED: _____

APPOINTMENT: _____

NOTE: Please note that no application will be considered should any of the above not be complied with.

FOR OFFICE USE

DATE RECEIVED: _____

SIGNED: _____

DATE ACCEPTED: _____