

**MANGAUNG CHAMBER OF COMMERCE AND  
INDUSTRY MEMBERSHIP REGISTRATION FORM**



**COMPANY DETAILS**

Full name of company					
Physical Address					
City / Town, Code					
Telephone Number					
Email address					
Website Address					
VAT Registration Number					
Business Structure	CC	PTY LTD	ORGANISATION	NGO	OTHER.....
Is your head office in the Bloemfontein/ Mangaung Area?	YES		NO		
If not, where?					

**DESCRIPTION OF BUSINESS**

Please provide a brief description of your business					

Kindly indicate products and services offered by your company for inclusion in our database and social media platforms

1.	2.	3.
4.	5.	6.

<b>Total number of employees</b>	
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**Please use the next section to classify your business**

Accommodation & Hospitality		Advertising and Public Relations	
Agriculture, Horticulture		Automotive & Motorbikes	
Banking Sector		Building, Construction, Architects, Engineering and Related Industries	
Business Services & Consultants		Clothing, Textiles, Footwear & Accessories	
Computing, Information Systems & Communications Technology		Education, Training, Research & Development	
Electrical & Electronic		Electricity, Energy & Gas Services	
Entertainment, Recreation		Exports/Imports	
Food & Beverages		Financial, Accounting & Consulting Services	

Graphic Design, Printing, Promotional Material		Hair, Health & Beauty	
Health, Medical & Pharmaceuticals		Human Resource & Personnel Placement	
Household products & Services, Furniture, Décor		Insurance Sector	
Internet, Web design and Related Services		Jewellery, Arts & Crafts, Curios	
Legal Services		Marketing, Event Management, Catering	
Manufacturing & Industrial Services		Office Equipment, Stationary & Supplies	
Media, Broadcasting and Publishing		Public Service & Local Government	
Property, Rental & Real Estate		Safety & Security	
Retail Industry		Social (NGO's, etc)	
Telecom, Communication, Postal Services		Transport, Courier, Cargo, Storage Services	
Travel & Tourism		Water & Related Services	

**CONTACT DETAILS**

Names and Telephone numbers of the contact person(s) designated to deal with MCCI	
Who should the invoice for membership fees be sent to?	

**SERVICES**

**(Tick all those in which you are interested in)**

Advertising on the MCCI's website	<input type="checkbox"/>	Advertising to the MCCI's database	<input type="checkbox"/>	Sponsoring a networking event (excellent branding opportunity)	<input type="checkbox"/>
SMME Support and business advice	<input type="checkbox"/>	Information and free quote on a website for your business	<input type="checkbox"/>	Business/Skills training seminars, workshops	<input type="checkbox"/>

As soon as we have received your response, the office of the MCCI will contact you by email to determine your requests

Category	Number of employees/temps/sub-contracters including yourself	Vat exc	VAT	Vat inc
A	1 – 10 employees	1 913.04	286.96	2 200.00
B	11 – 20 employees	2 347.83	352.17	2 700.00
C	21 – 50 employees	2 782.61	417.39	3 200.00
D	51 – 100 employees	3 217.39	482.61	3 700.00
E	101 – 200 employees	3 652.17	547.83	4 200.00
F	200+	4 086.95	613.05	4 700.00
G	<b>Silver Membership</b>	5 391.30	808.70	6 200.00
H	<b>Gold Membership</b>	9 478.26	1 421.76	11 000.00
I	<b>Platinum membership</b>	13 043.48	1 956.52	15 000.00

**G, H & I** Any business can apply for Silver, Gold or Platinum Membership (Special benefits for these categories are available document )

1. I hereby certify that all information provided is true and correct and that I am duly authorized to sign the application.
2. I undertake that, upon admission to membership, I shall be bound by the provisions of the MCCI Constitution and any MCCI rules in force.
3. **My membership will be automatically extended for a year unless written notice is given 2 calendar months prior to the end of my membership year.**
4. **I hereby acknowledge that I will be held liable for any pro-rata charges that might occur from cancellation of membership if prior notice is not given in time**
5. I acknowledge the MCCI's payment terms of 30 days since date of invoice, unless stipulated otherwise, and that the MCCI reserves the right to suspend my account, should it not be in good standing.

Signed at ..... on .....Capacity .....

Signature .....

ONCE COMPLETED, PLEASE SEND THE SIGNED COPY TO [president@bccci.co.za](mailto:president@bccci.co.za) OR RETURN TO YOUR MCCI REPRESENTATIVE.

**BANKING DETAILS**

**Account Name: Mangaung Chamber of Commerce and Industry**

**Bank: Standard Bank**

**Branch Code: 055 534**

**Account Number: 24 028 883 1**