

## NEW MEMBER APPLICATION FORM

### Personal Information

First Name

Surname

Date of Birth

Street Address

City

Province

Mobile Number

Email

I D Number

### Company Details

Company Name

Registration Number

VAT Number

Tax Clearance Pin

Office Address

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Years in business

Your position

Number of staff

List Top 5 Clients

Annual Turnover

☐ R0 > R1 million ☐ R1 > R5 million ☐ R5 million +

Type of Events Organised

Online Presence

☐ Website ☐  ☐  ☐ 

Social Media Handles

Do you earn?

☐ Commissions ☐ Management Fee

Does your company have an environmental policy?

☐ Yes ☐ No

Association Memberships

☐ MICE Academy ☐ EFG ☐ EXSA ☐ SATSA  
☐ SANCb ☐ AAXO ☐ SAACI ☐ OTHER

How did you hear about the PCOA?

Do you have specific skills or expertise that the PCOA can benefit from?

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Why are you interested in becoming a PCOA member?

## Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my membership application or termination of my membership if already accepted.

I hereby provide the PCO Alliance's Executive Committee permission to conduct background checks: Credit Reference and Criminal Record

:

Signed by the applicant

Date

**Please provide the following documents with your application form:**

Company Profile

Customer References (3)

Supplier (Venue) References (3)

ID Copy

Company Registration Document

BBBEE Certificate or Affidavit

VAT Registration Document

*The information shared will be treated as Private and Confidential*



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