

PLATINUM PACKAGE					
<input type="checkbox"/>	REGISTRATION FEE:	R 350	<b>MEMBERSHIP BENEFITS INCLUDE:</b> <ul style="list-style-type: none"> <li>• Unlimited access to the NEASA website</li> <li>• Unlimited access to the NEASA Hotline</li> <li>• Disciplinary hearings</li> <li>• Conciliations</li> <li>• Arbitrations</li> <li>• Union negotiations</li> <li>• Representation at all levels of MEIBC, NBCRFLLI, MIBCO</li> <li>• Retrenchment consultations</li> <li>• Newsletters</li> </ul>		
<b>MONTHLY FEES:</b>					
<input type="checkbox"/>	1-3 Employees	R 280 Fixed amount			
<input type="checkbox"/>	4-20 Employees	R 70 Per Employee			
<input type="checkbox"/>	21-50 Employees	R 65 Per Employee			
<input type="checkbox"/>	51-100 Employees	R 58 Per Employee			
<input type="checkbox"/>	101-200 Employees	R 48 Per Employee			
<input type="checkbox"/>	201-300 Employees	R 40 Per Employee			
<input type="checkbox"/>	301-500 Employees	R 30 Per Employee			
<input type="checkbox"/>	501-1000 Employees	R 24 Per Employee			
<input type="checkbox"/>	1001+ Employees	R 18 Per Employee			
<input type="checkbox"/>	Special / group price	R <input type="text"/> Per Employee (Terms and Conditions apply)			
<input type="checkbox"/>	IR and LABOUR COMPLIANCE AUDIT (OPTIONAL) R 4000 Once off (Excl. VAT)				
No. of Employees	Monthly Membership Fee	R <input type="text"/>	First Payment Date	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> M <input type="text"/> M 20 <input type="text"/> Y <input type="text"/> Y	Initial <input type="text"/>

GOLD PACKAGE					
<input type="checkbox"/>	REGISTRATION FEE	R 350	<b>MEMBERSHIP BENEFITS INCLUDE:</b> <ul style="list-style-type: none"> <li>• Unlimited access to the NEASA website</li> <li>• Unlimited access to the NEASA Hotline</li> <li>• Fixed and subsidised disciplinary, conciliation &amp; arbitration fees</li> <li>• Regular newsletters and industry updates</li> <li>• Representation at all levels of MEIBC, NBCRFLLI, MIBCO</li> </ul>		
<b>MONTHLY FEES:</b>					
<b>MEIBC</b>					
<input type="checkbox"/>	1-10 Employees	R 350			
<input type="checkbox"/>	11-50 Employees	R 420			
<input type="checkbox"/>	51-1000 Employees	R 500			
<b>OTHER</b>					
<input type="checkbox"/>	1-10 Employees	R 150			
<input type="checkbox"/>	11-50 Employees	R 200			
<input type="checkbox"/>	51-100 Employees	R 260			
<input type="checkbox"/>	101-200 Employees	R 320			
<input type="checkbox"/>	201-300 Employees	R 400			
<input type="checkbox"/>	301-500 Employees	R 520			
<input type="checkbox"/>	501+ Employees	R 640			
<input type="checkbox"/>	IR and LABOUR COMPLIANCE AUDIT (OPTIONAL) R 4000 Once off (Excl. VAT)				
No. of Employees	Monthly Membership Fee	R <input type="text"/>	First Payment Date	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> M <input type="text"/> M 20 <input type="text"/> Y <input type="text"/> Y	Initial <input type="text"/>

COLLECTIVE BARGAINING PACKAGE / ASSOCIATE MEMBERSHIP					
<input type="checkbox"/>	MONTHLY FEE:	R 45	<b>MEMBERSHIP BENEFITS INCLUDE:</b> <ul style="list-style-type: none"> <li>• Regular newsletters and industry updates</li> </ul>		
<input type="checkbox"/>	IR and LABOUR COMPLIANCE AUDIT (OPTIONAL) R 4000 Once off (Excl. VAT)				
No. of Employees	Monthly Membership Fee	R 45.00	First Payment Date	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> M <input type="text"/> M 20 <input type="text"/> Y <input type="text"/> Y	Initial <input type="text"/>

TERMS AND CONDITIONS	
<p>(a) I/We hereby apply for membership of the National Employers' Association of South Africa, and agree to abide by the constitution and rules of the Association, as well as any decision and/or resolution that the General Meeting or the Executive Committee may take from time to time.</p> <p>(b) I/We hereby release the Association, its office bearers, officials and members from any liability or claims in respect of any action committed in the execution of their responsibilities.</p> <p>(c) I/We truly affirm that the content of this application form to be true and correct.</p> <p>(d) This agreement binds the member for a minimum period of three (3) months, after which the member must give NEASA thirty (30) calendar days written notice should the member wish to cancel the agreement.</p> <p>(e) Where applicable, payment for a disciplinary hearing, conciliation or arbitration must be paid to NEASA at least seven (7) days prior to any proceedings.</p> <p>(f) The above fees do not apply for proceedings beyond finalisation of a matter at the CCMA or a bargaining council.</p> <p>(g) It is the responsibility of the member to inform the NEASA regional office of the date of any pending matter at least seven (7) days prior to the date of said process, failing which NEASA cannot guarantee the availability of an official.</p> <p>(h) A travelling fee of R 3.50 p/km will be charged for any travelling beyond a radius of 50 km from a NEASA office. Where applicable, board and lodging expenses, not exceeding R 750 per night, will be levied.</p> <p>(i) The fee structure is based on initial information iro employees and case load provided by the member. NEASA reserves the right to review the fee structure in its sole discretion at any time should it become apparent that the information provided by the client was incorrect or where the circumstances of the client has changed.</p> <p>(j) NEASA reserves the right to increase the monthly and/or additional fees of the member, by an inflation related rate, every 12 months from date of registration.</p> <p>(k) I hereby consent to NEASA disclosing my information to its third party service providers.</p>	
(NEASA's constitution can be viewed at <a href="http://www.neasa.co.za">www.neasa.co.za</a> )	

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

AUTHORISED SIGNATURE

Note: All fees may be adjusted annually at the sole discretion of NEASA



## REGISTRATION FORM

**EMPLOYERS' ASSOCIATION****LABOUR COMPLIANCE****BUSINESS INFORMATION**

Registered Name			
Business Reg. No.			
Trading As <small>(Printed on NEASA certificate)</small>			
Vat No.			
Industry			Bargaining Council Reg. No.
Accounts Contact:	Name	Surname	
	Email		
	Tel	Fax	
Street Address			
Town/City			Postal code
Postal Address			
			Postal code
Alternative Contact No.			
Web Address			

**CONTACT PERSON**

Name			Surname		
ID No.			Position		
Cell No.			E-mail		
Tel No.			Fax		

**LABOUR COMPLIANCE REQUIRED FIELDS**

Last Financial Period Under Review			
Annual Turnover for last completed financial period			
% Black Ownership			
% Black Women Ownership			

Referred by		Referral Code	
Recruited by		Recruiter Code	

**TERMS AND CONDITIONS**

- a) I/We truly affirm that the content of this application form to be true and correct.  
b) It is the responsibility of the member to inform NEASA Employers' Association and/or NEASA Labour Compliance (Pty) Ltd of any changes to the above information.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
AUTHORISED SIGNATURE

www.neasa.co.za | 012 622 8971

Please return signed document to fax 086 553 7507 or email to sales@neasa.co.za

## DEBIT ORDER

I/We, the undersigned

Name of bank

Account number

Branch name

Branch code

## PARTICULARS OF BENEFICIARY TO BE CREDITED

Beneficiary's name **National Employers' Association of South Africa**

Beneficiary's address P.O. Box 31089, Waverley, 0134

NEASA reference number

Abbreviated short name

First payment date

Amount

Registration fee: The registration fee will be included in the first month's debit order.

## PLEASE NOTE

- I/We hereby request, instruct and authorise you to draw against my/our account with the bank referred to above (or any other bank or branch to which I/we may transfer my/our account) the monies indicated in this instruction. The aforesaid drawing shall continue on a recurring, monthly/quarterly/semi-annually/annually basis, until cancelled as envisaged below. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I/We further request, instruct and authorise you also to draw against my/our account with the bank referred to herein any increases in fees implemented at the sole discretion of NEASA.
- I/We understand that the withdrawals hereby authorised will be processed by computer through the prevailed banking systems, and I also understand that details of each withdrawal will be printed on my statement or on an accompanying voucher.
- In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds to meet the obligation, authorisation is granted to track the account and represent the instruction for payment as soon as sufficient funds are available in the account. Tracking is only applicable to Debit Order payments.
- I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement.
- I/We understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.
- Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).
- I/We agree to pay any bank charges pertaining to this debit order instruction.
- I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

## ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

AUTHORISED SIGNATURE