



Cape Furniture Manufacturers' Association

Reference number: LR2/6/3/13

Unit 9, St Andrews House
Midpark Business Village
2 Greens Close, Golf Course
Cape Town
7500

T: (021) 591 5400

C: (083) 651 3211

E: admin@arms.capetown

W: www.cfma.org.za

MEMBERSHIP APPLICATION FORM

1. Name under which business is carried on:

2. Address at which business is carried on:

3. Postal Address

4. Telephone Number _____ E-mail _____

5. Nature of business _____

6. Full names of Managing Director; Owner; Human Resource Manager:

NAME	DESIGNATION	DIRECT LINE/CELL NUMBER

7. Number of employees _____

Membership is for a minimum period of 12 months from date of this application form being completed. A period of 2 months written notice is required for termination of membership after the initial 12 month period. Membership subscriptions are paid to the Association via the Bargaining Council for the Furniture Industry on your normal monthly Council returns form.

I certify that the information above is true and correct.



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8. POPIA Compliance Clause:

I, hereby, consent to the processing of my personal information contemplated in the Protection of Personal Information Act, 4 of 2013 (“**POPIA**”) by the CMFA, the employees of the CFMA and Third Parties with whom the CFMA has a contractual relationship for the purposes of:

- providing a service to me;
- administering the contractual relationship between myself and the CFMA;
- communicating with third parties inasmuch as it relates to the service provided to me;
- communicating information to me for informative or marketing purposes; and
- collecting outstanding monies from me.

Authorised Signatory

Name (Please Print)

Date