



NATIONAL FEDERATION OF SPAZASHOPS UNION (NAFESU)
Official Membership Administration

AFFILIATE MEMBERSHIP APPLICATION FORM

For organisations, associations, companies, federations, cooperatives and other recognised entities

A. ORGANISATION DETAILS

Registered / Organisation Name:	_____
Trading / Common Name:	_____
Registration / Reference No.:	_____
Organisation Type:	☐ Association ☐ Company ☐ Federation ☐ Cooperative ☐ NGO/NPO ☐ Other: _____
Physical Address:	_____
Postal Address:	_____
Province / District:	_____ / _____
Municipality / Local Area:	_____
Telephone / Email:	_____

B. AUTHORISED REPRESENTATIVES

Principal Representative:	_____
Position:	_____
ID / Passport No.:	_____
Contact Details:	_____
Secondary Representative:	_____

C. PROFILE & FIELD OF EXPERTISE

Primary Field / Sector:	_____
Core Activities:	_____ _____
Membership / Beneficiary Base:	_____
Skills / Resources Offered:	_____ _____

D. AFFILIATION UNDERTAKING

The applicant applies for recognised affiliate status within NAFESU and undertakes to respect the NAFESU Constitution, lawful resolutions, approved policies, codes of conduct and affiliation rules. The affiliate retains its lawful independent identity, governance, assets and operations. Affiliation does not by itself constitute a merger, takeover, dissolution or transfer of ownership.

E. AFFILIATION PERIOD & RENEWAL

Application Date:	_____
Commencement Date:	_____
Expiry Date:	_____
Affiliation Term:	Seven (7) years, aligned with the applicable NEC cycle, subject to the NAFESU Constitution and renewal process.

Certificate No.:	_____
Renewal / Review Date:	_____

F. YEARLY CONTRIBUTION FEE

Annual Contribution Fee:	R _____
Payment Frequency:	☐ Annual ☐ Quarterly ☐ Other: _____
First Payment Due:	_____
Receipt / Reference No.:	_____
Fee Review:	Subject to NAFESU policy, resolutions and written agreement.

G. REPRESENTATION REQUEST

Requested Level(s):	☐ National ☐ Provincial ☐ District/Regional ☐ Local
Strategic Structure(s):	_____
Proposed Representative(s):	_____

H. DECLARATION

I/We declare that the information supplied is true and correct and understand that affiliate status is subject to approval by the authorised NAFESU structure.

Authorised Applicant Signature:	_____ Date: _____
NAFESU Receiving Officer:	_____ Date: _____
NAFESU Resolution / Reference:	_____ Date: _____