



NATIONAL FEDERATION OF SPAZASHOPS UNION (NAFESU)
Official Membership Administration

INDIVIDUAL MEMBERSHIP APPLICATION FORM

For SpazaShops Principals, Practitioners and other individuals participating in or benefiting from the NSEP ecosystem

A. PERSONAL DETAILS

Full Name & Surname:	_____
ID / Passport No.:	_____
Date of Birth:	_____
Residential Address:	_____
Postal Address:	_____
Mobile / Email:	_____

B. MEMBERSHIP CATEGORY

Select Category:	■ SpazaShops Principal / Owner ■ SpazaShops Practitioner / Worker ■ FMCG / Supplier / Distribution ■ Logistics / Transport ■ Security / Safety ■ Technology / Digital Services ■ Professional / Technical Skills ■ Investor / Development Partner ■ Other NSEP Ecosystem Participant: _____
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C. BUSINESS / WORK / COMMUNITY DETAILS

Business / Organisation:	_____
Role / Occupation:	_____
SpazaShop Name (if applicable):	_____
Province / District:	_____ / _____
Municipality / Ward / Area:	_____
Years of Experience:	_____

D. SKILLS & CONTRIBUTION TO NAFESU / NSEP

Skills / Expertise:	_____ _____ _____
Potential Contribution:	_____ _____ _____
Programme Interests:	■ Enterprise ■ FMCG ■ Logistics ■ Procurement ■ Technology ■ Training ■ Security ■ Finance ■ Infrastructure ■ Advocacy ■ Other: _____

E. MEMBERSHIP UNDERTAKING

I apply to become an individual member of NAFESU and undertake to respect and comply with the NAFESU Constitution, lawful resolutions, policies, codes of conduct and membership rules. I will contribute constructively to the Union and, where relevant, to the National SpazaShops Establishment Plan.

F. MEMBERSHIP ADMINISTRATION

Application Date:	_____
Membership No.:	_____
Admission / Approval Date:	_____
Status:	☐ Approved ☐ Pending ☐ Declined
Membership Fee / Contribution:	R _____ Frequency: _____
Receiving Officer:	_____

G. DECLARATION

I declare that the information provided is true and correct and consent to its use for legitimate NAFESU membership administration and programme purposes, subject to applicable law and NAFESU policy.

Applicant Signature:	_____ Date: _____
NAFESU Officer:	_____ Date: _____
Authorising Structure / Reference:	_____ Date: _____