



Application for Membership

*This form must be completed in full. Membership will be at the discretion and approval of all association board members

Personal Detail			
Title:		Initials:	
Surname:		Full Name:	
ID Nr:			
Physical Address:			
		Code:	
Postal Address:			
		Code:	
Email:			
Contact Nr:		Alternative Nr:	
Current Employer:			
Job Title:		Industry:	
Duration of current employment:			

* This application form is to be submitted to PRAWA administrator. All applications are subject to approval of all or most of the PRAWA board members, before membership is granted

* I hereby agree and commit to the terms and conditions as set out by the Professional Roof Repair and Waterproofing Association.

I confirm that I am aware that the approval of the membership is at the discretion of the PRAWA Board members and the annual renewal thereof. I will adhere and comply to the standards as set out per the association.

The services PRAWA offers is for the advantage of all its members, but remain a impartial mediator

Name & Surname:		Date:	
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Signature:	
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