

Application for membership to the Liquid Fuels Wholesalers Association (LFWA)

Name of Business: _____

Name of contact person: _____

Physical address: _____

Magisterial district: _____

Telephone (Work) (_____) _____ Cell : _____

Email : _____

Postal address : _____

Postal code: _____

Wholesale license number (please attach a Photostat copy):

Membership fee's to be paid annually: _____ yes / no

(please mark with a cross)

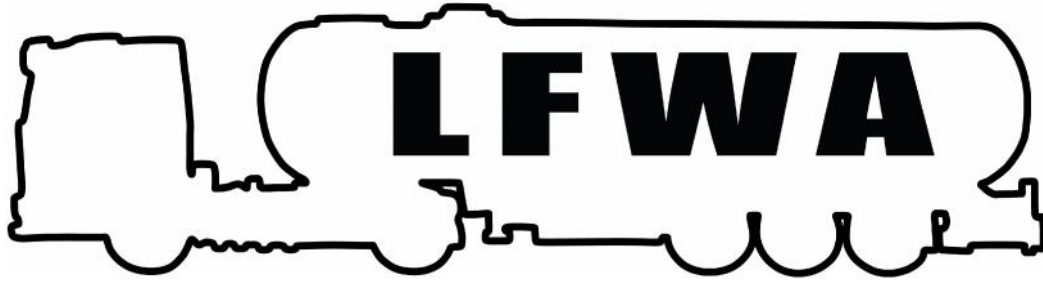
Membership fee's to be paid monthly by direct debit : _____ yes / NA

(please mark with a cross)

If yes to monthly direct debit which bank account must be debited:

Bank: _____ Branch : _____

Account number : _____



(Please attach a copy for bank identification purposes.)

Membership number: _____

(To be completed by office)

Please return completed application to peterm@lfw.co.za

With Thanks.