

SAMBRA GENERAL REQUIREMENTS ACCREDITED MEMBERSHIP APPLICATION FORM

DATE OF APPLICATION:				RMI MEMBERSHIP NUMBER:			
COMPANY NAME:				PROPRIETOR:			
NOMINATED REPRESENTATIVE:				TRADING NAME OF FIRM:			
ADDRESS:							
TEL:		FAX:		E-MAIL:			

I/We wish to become a member of the South African Motor Body Repairers' Association and agree to be bound at all times by the required standard, rules and code of ethics of SAMBRA and the RMI.

Kindly indicate which type of membership and category you wish to apply for:							
Associate Membership:	P1 <input type="checkbox"/>	Accredited Membership:		Business Franchise: (if any)			
		Non-Structural	P5 <input type="checkbox"/>	Product Franchise/s: (if any)			
Awaiting Grading:	P6 <input type="checkbox"/>	Structural	P4 <input type="checkbox"/>				

Please complete and take note of the following:

(These two questions are not applicable to a current RMI member wishing to join SAMBRA.)

1. Has the abovementioned company been operating for more than six months with the current proprietor? Yes No
2. How many years? _____ months? _____

THE PROCESS:

1. On completion of this application form, you will be given the attached National Certification Grading Criteria Checklist for your perusal. This document outlines the equipment and facilities required for both levels of membership.
2. A duplicate document will be utilised by a duly authorised member of the RMI staff or representative for the inspection of your premises.

REFERENCES:

Please nominate three (3) references from current RMI members or trade references, listing business names, addresses, contact persons and telephone numbers:

1. _____
2. _____
3. _____

BRIEF NOTE: Motivate why you wish to become a SAMBRA member.



PLEASE NOTE:

The SAMBRA Regional Executive Committee reserves the right to interview any applicant.

I/We agree to abide by any ruling or decision of the South African Motor Body Repairers' Association National Executive Committee and solemnly declare that my/our business complies with the requirements of membership of the **South African Motor Body Repairers' Association (SAMBRA)**.

I/We further understand that the payment (debit order authorisation) by we/us in respect of the required accreditation fee which accompanies this application, does not imply tacit approval.

I/We readily agree to an inspection of our premises, equipment, etc. by a duly authorised member of the RMI staff or representative at any time during normal working hours.

I/We also agree that in the event of my/our ceasing to qualify for membership of this Association, I/we will immediately notify the RMI in writing of this fact and remove from display and advertising, the Organisational and Associational emblems. I further undertake to abide by the aforementioned in the case of my/our monthly subscription stop order not being honoured.

I (*the nominated representative*) _____ certify that the above information is true and correct.

Signed: _____ Designation: _____ Date: _____

For Office Use Only: _____ _____ _____

**APPLICATION FOR ACCREDITATION
SOUTH AFRICAN MOTOR BODY REPAIRERS' ASSOCIATION (SAMBRA)
CONDITION OF MEMBERSHIP**

Members of the RMI who have the necessary facilities, equipment and qualified staff to comply with the required standards and are prepared to abide by the Code of Ethics, may make application to become a member of the **South African Motor Body Repairers' Association**.

A person or company who qualifies for entry with regard to equipment and personnel shall be entitled to display the RMI and SAMBRA emblem or other insignia, which indicates to the general public, that the business concerned is that of an ACCREDITED MOTOR BODY REPAIRER as defined by the Association.

The requirements, as listed in the attached National Certification Grading Criteria Checklist, shall prescribe conditions for membership and upon the applicant obtaining membership shall apply as continuing conditions of membership.

Please complete this form and return to:

Name: _____ Email: _____ Fax: _____