



The premier organisation for data professionals in Southern Africa - www.dama.org.za

DAMA SA SUBSCRIPTION FORM – ANNUAL CORPORATE MEMBERSHIP

Subscription Fees		
Membership Type	Annual Cost	Description
Corporate Tier 1	R1 500-00	For 6 members maximum, discounted to R250-00 per member
Corporate Tier 2	R4 800-00	For 20 members maximum, discounted to R240-00 per member
Corporate Tier 3	R9 200-00	For 40 members maximum, discounted to R230-00 per member

See our website for all benefits – www.dama.org.za

Fax to: 0866366369. Email to: membership@dama.org.za

KEY CORPORATE MEMBER:

*(This is the main Corporate Contact and initial DAMA Member) * required fields*

1. *TITLE & FULL NAME: _____ ID: _____

*JOB TITLE: _____

*OFFICE PHONE: _____ FAX NUMBER: _____

CELL NUMBER: _____ *EMAIL ADDRESS: _____

SIGNATURE: _____

CORPORATE DETAIL:

*FULL COMPANY NAME: _____

*VAT NUMBER: _____ COMPANY REG. NUMBER: _____

(VAT NUMBER MUST APPEAR ON THE INVOICE FOR CORPORATE MEMBERS)

*POSTAL ADDRESS: _____

_____ CODE: _____

PHYSICAL ADDRESS: _____

_____ CODE: _____

*OFFICE PHONE: _____ FAX NUMBER: _____

MEMBER DETAIL:

2. *TITLE & FULL NAME: _____ ID: _____

*JOB TITLE: _____

OFFICE PHONE: _____ FAX NUMBER: _____

CELL NUMBER: _____ *EMAIL ADDRESS: _____

3. *TITLE & FULL NAME: _____ ID: _____

*JOB TITLE: _____

OFFICE PHONE: _____ FAX NUMBER: _____

CELL NUMBER: _____ *EMAIL ADDRESS: _____

4. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

5. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

6. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

ADDITIONAL MEMBERS:

(This section covers upto 20 members, please copy this sheet and add further members over 20 if required)

7. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

8. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

9. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

10. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

11. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

12. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

13. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

14. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

15. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

16. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

17. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

18. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

19. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

20. *TITLE & FULL NAME: _____ ID: _____
*JOB TITLE: _____
OFFICE PHONE: _____ FAX NUMBER: _____
CELL NUMBER: _____ *EMAIL ADDRESS: _____

Office Use Only

Application Received *Membership Fee Confirmed* *Membership Number Mailed:*

Membership Number