

# Employee Assistance Professionals Association of South Africa



## SERVICE / RELATED PROVIDER MEMBERSHIP APPLICATION FORM

Information required in order to process registration as a Service Provider or Related Service Provider with EAPA-SA  
Membership Period: ONE (1) Year from 1 January to 31 December

Membership Fee: R2000.00 (a non-refundable administration fee R50.00 is included)

**PLEASE NOTE:** Acceptance of this membership form implies membership of EAPA-SA as well as the EAPA-SA Chapter of your choice. Payment does not guarantee membership.

*This is a company membership and individuals are required to apply for Individual Membership.*

Please tick where appropriate	New Membership Application	Yes	No	Membership Number:
	Renewal of Membership	Yes	No	

### Personal Details of MD

Title:	Full Name:
Highest Qualification:	

### Company Details

Company Name:	
Business Address:	Postal Address:
Postal code:	Postal code:
Phone Number: ( )	Cellphone Number: ( )
Fax Number: ( )	E-mail Address:

### Registration with Statutory or Comparable Bodies

SACSSP	Membership No.	HPCSA	Membership No.
SANCO	Membership No.	Other:	Membership No.

### Chapter where business is located (Please tick next to your choice):

Egoli (Johannesburg)	Nelson Mandela Bay
Free State	Mpumalanga
Ikhala (East London)	Northern Cape
Jacaranda (Pretoria/Tshwane)	North West
Kwazulu-Natal	Western Cape
Limpopo	NB: Northern Cape and North West do not have chapters as yet

### EAPA-SA Bank Details

Bank: FNB	<b>IMPORTANT:</b> Please pay the exact amount (R2000.00 per Service Provider) and quote your company details in the reference field of the deposit slip or transfer form. E-mail or fax your deposit slip to: <a href="mailto:admin@eapasa.co.za">admin@eapasa.co.za</a> or 0866 253 853 for attention: Administrator EAPA-SA Processing of your registration/order will commence as soon as we receive your payment. You will be notified within 10 working days after receipt of ALL supporting documentation whether you have satisfied the criteria for membership. <b>EAPA-SA RESERVES THE RIGHT TO GRANT MEMBERSHIP.</b>
Account Number: 50841238807	
Branch Code: 252145	
VAT Number: 4290249004	
Preferred Payment Methods:	
Electronic Payment	
Bank Deposit	

### Declaration and Return Details

I hereby declare that: 1. While a member of EAPA, the Company will comply with the EAPA SA Standards and Code of Ethics 2. All the information provided by me is correct 3. I have not been found guilty of a criminal offence  Please note: No application will be considered without proof of payment into the Board's bank account and ALL supporting documentation.  Signed: _____  Date: _____	Return to: EAPA-SA Membership E-mail: <a href="mailto:admin@eapasa.co.za">admin@eapasa.co.za</a> Fax: 086 625 3853 <b>COMPULSORY DOCUMENTATION REQUIRED WITH NEW APPLICATION:</b> (a) Provide EAPA SA with policy mandate regarding EAP and wellness services (b) Proof needs to be provided of qualifications of at least two (2) main role-player(s) in the fields of employee assistance or wellness. (c) At least two references from clients. (d) Copy of a valid tax clearance certificate (e) Proof of membership of a statutory body of member/s of the organisation to be registered (if any).
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**EAPA SA reserves the right to register applicants as members of the Association.**