



CAISA Membership Application Form

Your Details:

Surname:		Title	MR/ MRS/ DR /PROFF
Full Names:			
Cell Number:			
Telephone Number:			
Fax Number:			
E-Mail Address:			
Current Position:		Number of Years in position?	

Invoicing /Billing Details:

Company Name:			
Postal Address:		Postal Code:	
Physical Address:		Postal Code:	

Membership Fees	R 1 750 per annum		
Please submit this application to:	<u>Johan Kruger</u> Phone: 082 807 1615 E-mail: info@caisa.co.za	<u>Carin Barnard</u> Phone: (012) 244 3003 E-mail: carin@dpaccountants.co.za	
** CAISA automatically gives you CAI Membership**			

