

MEMBERSHIP APPLICATION FORM		
Company / Statutory name		
Trading as - name		
Physical address		
Telephone no.		
Contact person		
Position of contact person		
Email address		
Web address		
Reg. no. for company, CC or		
Trust. ID no. if sole proprietor or		
partnership		
VAT no.		
Finished product(s) HS Codes		
Sub-sector(s) of furniture	Bed & Mattress	Office
manufacturing industry	Foam mattresses	Other
Please choose from the list	Inner spring mattresses	
	Other	
	Case Goods	Seating
	Bedroom Dining room	Auditorium Patio / outdoor
	Coffee tables Doors	Custom made Staduim
	Custom made Wall units	Lounge Theatre
	Other	Other
	Cupboards	School
	Bathroom Kitchen	Other
	Built-in cupboards Other	

Indicate which items of interest		
on which you would like to receive email communication from SAFI See Associate Membership*	☐ All of the below items☐ Newsletter☐ Events and workshops	☐ Job seekers ☐ Communication from Associate Members* ☐ Weekly tender updates
,	Webinars	
definition below.		
Conditions of Membership	 The manufacturer must be registered with a Furniture Manufacturing Industry Bargaining Council. Please attach a Confirmation of Registration from a Furniture Bargaining Council. See "drag & drop" link below. Membership is subject to approval by the SAFI Executive Committee, who may request additional information. SAFI reserves the right to terminate a Membership. 	

*ASSOCIATE MEMBERSHIP DEFINITION

Associate Members are:

- Businesses that supply raw materials and other assets to the furniture manufacturing industry.
- Businesses that provide services to the furniture manufacturing industry.
- Retailers.
- Other parties having an interest in the furniture manufacturing industry.

BENEFITS OF MEMBERSHIP

- Exclusive communication about the furniture industry.
- Invitations to various events, workshops and webinars.
- Advertise product / service offering through the SAFI Furniture Directory to be viewed by the furniture retail industry and the general public.
- Access to job seekers.
- Weekly Tender Updates.

Please upload your Letter of Confirmation of Registration with a Bargaining Council here:	
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herewith, as duly authorised, apply for the business to become a Member of SAFI from the date of the signature hereof.
Signature
Date
Position within Company

I, the undersigned, certify that the information furnished herein is true and correct and