

NPO Reg No: 248/971

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**Associate Member Application/Renewal Form 2024**

|  |  |
| --- | --- |
| **Company/Organisation details** | |
| Name of Company |  |
| Nature of Business |  |
| Physical address |  |
|  |
|  |
| Postal Code |  |
| VAT No |  |
| Company Reg No |  |
| Tel no |  |
| Email address |  |
| Website address |  |

|  |  |
| --- | --- |
| **Person representing your company/organisation** | |
| Surname |  |
| Name |  |
| Tel no |  |
| Mobile no |  |
| Email address |  |

**I…………………………………… on behalf of ……………………. (Company name) hereby accepts all terms and conditions as set out on the benefit schedule and authorise CTGA to invoice our organisation/company for an amount of R 2500.00**

**SIGNED ……………………ON …………………….20**