

**GRAIN HANDLING ORGANISATION OF SOUTHERN AFRICA (GOSA)**  
P/a Grain Silo Industry (Pty) Ltd, P O Box 74355, LYNNWOOD RIDGE 0040

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**APPLICATION FOR MEMBERSHIP**  
(Please complete in block letters)

**FOR INSTITUTIONS:**

NAME OF INSTITUTION	
POSTAL ADDRESS	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
CELL NUMBER	
NATURE OF BUSINESS eg. grains, marketing, financing, distribution and/or processing industry	
REPRESENTATIVES	1.
	2.
	3.
	4.
	5.

**FOR INDIVIDUALS:**

SURNAME		TITLE	
FIRST NAMES			
DATE OF BIRTH			
POSTAL ADDRESS			
TELEPHONE NUMBERS	(B)	CELL	
FAX NUMBER	E-MAIL		
CORRESPONDENCE PREFERENCE	Afrikaans	English	
NAME AND ADDRESS OF EMPLOYER/BUSINESS			
PRESENT OCCUPATION			
NATURE OF BUSINESS eg. Grains, feed, milling or processing industry. (Mention qualifications where applicable):			

.....  
DATE

.....  
SIGNATURE  
(of individual/authorized in case of the institutions)

PROPOSER	
SIGNATURE	DATE
SECONDANT	
SIGNATURE	DATE

***For office use only:***

Date received:	Receipt Number:
Application: Approved	Ordinary Member
Rejected	as International Member
Date of Board Meeting:	

.....  
**PRESIDENT**

.....  
**SECRETARY**