



MEMBERSHIP FORM

📞 079 892 7047

✉ admin@lembabusinesscouncil.co.za

🌐 www.lembabusinesscouncil.co.za

COMPANY INFORMATION

Date

Company Name

Trading As

Registration number

Cell Phone

Work Phone

E-mail

Website

Physical Address

<input type="text"/>		
<input type="text"/>	Code	<input type="text"/>

Postal Address *(If Different)*

<input type="text"/>		
<input type="text"/>	Code	<input type="text"/>

CONTACT / DIRECTOR

First Name

Last Name

Clan Name

Cell Phone

Work Phone

E-mail

**Banking Details:
Lemba Business Council Npc**

**First National Bank:
Account: 63013704340**

**Branch Code:
250655**



MEMBERSHIP FORM

COMPANY SERVICES

Nature of Services

[Three stacked text input boxes for Nature of Services]

Areas of Service:

Town

[Text input box for Town]

Local Municipality

[Text input box for Local Municipality]

District Municipality

[Text input box for District Municipality]

Province

[Text input box for Province]

Please Tick if your business renders services Nationally: Yes No

Please Tick each Province that you render services in:

LP GP MP NC WC NW KZN FS EC

Contact Person - Sales

[Text input box for Contact Person - Sales]

Cell Phone

[Text input box for Cell Phone]

E-mail

[Text input box for E-mail]

Contact Person - Accounts

[Text input box for Contact Person - Accounts]

Cell Phone

[Text input box for Cell Phone]

E-mail

[Text input box for E-mail]

Membership Fee

[Text input box for Membership Fee]

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E-mail Application & Proof of Payment to admin@lembabusinesscouncil.co.za
(Attach an electronic or printed Company Profile for further profiling on the LBC website)