



# VOASA

VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA

## **APPLICATION FOR MEMBERSHIP**

## **SALES CONSULTANT**

## APPLICATION FOR REGISTRATION AS SALES CONSULTANT MEMBER

This form must be sent to :

### VACATION OWNERSHIP ASSOCIATION OF SOUTHERN AFRICA

P.O. Box 2823, Durbanville, 7551

Tel : (021) 914 9693

Fax : (021) 914 5202

E-mail: [voasa@voasa.co.za](mailto:voasa@voasa.co.za)

Website: [www.voasa.co.za](http://www.voasa.co.za)

### APPLICATION FORM 2009

1. Surname: \_\_\_\_\_ Mr./Ms./Miss: \_\_\_\_\_

2. First Name/s: \_\_\_\_\_

3. Postal Address: \_\_\_\_\_ Code \_\_\_\_\_

4. Telephone No. (Business): \_( \_\_\_\_\_ ) \_\_\_\_\_ (Home): \_( \_\_\_\_\_ ) \_\_\_\_\_

5. I am employed by: \_\_\_\_\_

Address: \_\_\_\_\_ Tele. No: \_( \_\_\_\_\_ ) \_\_\_\_\_

6. I have (please tick appropriate block)

- Passed the Estate Agents Board examination
- Registered as a candidate Estate Agent

### ACKNOWLEDGMENT

- Constitution of VOASA
- The VOASA Code of Conduct

1. And that upon acceptance as a member of VOASA I undertake to comply with all of the above. I also acknowledge that the above may be varied in terms of the particular constitution applying thereto.
2. I further agree that I will as a member of the Vacation Ownership Association of South Africa (VOASA) agree to abide with the VOASA Code of Conduct.
3. I enclose/will send payment/proof of payment in respect of the VOASA membership fee as per the attached TM001 (Annual Membership / Renewal Fee Form) to the value of R 290.70 (Two hundred and ninety rand and seventy cents only) inclusive of VAT.
4. I agree to abide with the rulings of the Standards Council and complaints procedures which may be changed from time to time and agree to pay any fines being levied against me.

5. I further acknowledge and am aware that, in the event of me being black-flagged I agree to VOASA publishing my name as a black-flagged member.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2009

\_\_\_\_\_  
SIGNED: BY APPLICANT

\_\_\_\_\_  
FULL NAME OF SIGNATORY

\_\_\_\_\_  
WITNESS FOR APPLICANT

\_\_\_\_\_  
FULL NAME OF WITNESS

**VOASA RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS MAY BE  
REQUIRE FROM TIME TO TIME**