



2018 South Africa Corporate Membership Application

COMPANY ANNUAL BUSINESS VOLUME (12 MONTHS)

ALL COMPANIES: Please indicate your company's annual **produce/floral business volume** including all subsidiaries, affiliates or divisions. (All figures shown in South African Rand; pricing valid 1 January 2018 to 31 December 2018.)

Please select your appropriate supply chain segment(s) and corresponding dues from one of the numbered sections below:

PRODUCE MARKETER

Tell us about your company's business (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Broker (BR) | <input type="checkbox"/> Grower/Shipper/Processor (GS) |
| <input type="checkbox"/> Distributor to Retail Only (RTD) | <input type="checkbox"/> Importer (IMP) |
| <input type="checkbox"/> Distributor to Retail and Foodservice (OFD) | <input type="checkbox"/> Repacker (REP) |
| <input type="checkbox"/> Exporter (EXP) | <input type="checkbox"/> Produce Wholesaler (PWL) |
| <input type="checkbox"/> Foodservice Distributor (FSD) | <input type="checkbox"/> Service Wholesaler (SWL) |

PRODUCE MARKETER

Gross Annual Produce/ Floral Related Sales	Membership Dues (ZAR)
<input type="checkbox"/> R 0-65 million	R 13,840
<input type="checkbox"/> R 65-130 million	R 18,775
<input type="checkbox"/> R 130-326 million	R 24,990
<input type="checkbox"/> R 326-651 million	R 33,250
<input type="checkbox"/> R 651 million - 1.3billion	R 44,245
<input type="checkbox"/> R 1.3-2.6 billion	R 58,855
<input type="checkbox"/> R 2.6-3.94 billion	R 78,245
<input type="checkbox"/> R 3.9 billion +	R 104,050

BUSINESS SOLUTION PROVIDER

(provides products or services to the fresh produce/floral industry)

Tell us about your company's business (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Other Business Services (legal, executive search, research firms, etc.) (BUS) | <input type="checkbox"/> Provider of Supplies Used in Agricultural Production and Distribution (bags, pallets, boxes, chemicals, seeds, breeders, etc.) (GSP) |
| <input type="checkbox"/> Consultant (CON) | <input type="checkbox"/> Supplier of non-produce item sold in produce department (SPL) |
| <input type="checkbox"/> Customs Broker (CBR) | <input type="checkbox"/> Software provider (TECH_SOFT) |
| <input type="checkbox"/> Data Management Providers (data science, sales, inventory services, etc.) (DAT) | <input type="checkbox"/> Technology provider (TECH) |
| <input type="checkbox"/> Equipment/Machinery Provider (EQU) | <input type="checkbox"/> Testing and Audit Services (TST) |
| <input type="checkbox"/> Financial Services (FIN) | <input type="checkbox"/> Transportation/Logistics Provider (TRANS) |
| <input type="checkbox"/> Food Safety Detection (FDS) | <input type="checkbox"/> Trade Media (MEDIA) |
| <input type="checkbox"/> Packaging Materials Provider (PAC) | |
| <input type="checkbox"/> PR/Marketing/Ad Agency (AGY) | |

BUSINESS SOLUTION PROVIDER

Gross Annual Produce/ Floral Related Sales	Membership Dues (ZAR)
<input type="checkbox"/> R 0-65 million	R 13,840
<input type="checkbox"/> R 65-130 million	R 18,240
<input type="checkbox"/> R 130-651 million	R 28,320
<input type="checkbox"/> R 651 million+	R 44,245

CONSUMER FACING COMPANIES

Select one primary business segment

- | | |
|---|---|
| <input type="checkbox"/> Supermarket/Mass Market Retailer (SUP) | Membership Dues
(See chart to the right) |
| <input type="checkbox"/> Wholesale Grocer (WHG) | (See chart to the right) |
| <input type="checkbox"/> Convenience Store (CST) | R 12,870 |
| <input type="checkbox"/> Foodservice Operator (FS) | R 12,870 |

SUPERMARKET/MASS-MARKET/WHOLESALE GROCER

# of stores/units operated or served	Membership Dues (ZAR)
<input type="checkbox"/> 1-10	R 3,845
<input type="checkbox"/> 11-49	R 12,605
<input type="checkbox"/> 50-199	R 25,585
<input type="checkbox"/> 200+	R 26,365

NOT-FOR-PROFIT AND EDUCATIONAL INSTITUTIONS

Tell us about your organization's business

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Promotional Board (PRO) | Membership Dues
R 13,385 |
| <input type="checkbox"/> Associations (ASN) | R 13,385 |
| <input type="checkbox"/> Government (GOV) | R 13,385 |
| <input type="checkbox"/> Educational Institution (EIN) | R 13,385 |

VIRTUAL RETAILER (VSUP)

Gross Annual Produce/ Floral Purchases	Membership Dues (ZAR)
<input type="checkbox"/> <R 1.3 billion	R 13,310
<input type="checkbox"/> R 1.3-6.5 billion	R 27,455
<input type="checkbox"/> R 6.5 billion +	R 42,545

Does your company also buy or sell floral-related goods and services? Yes No

Please provide your services, products, and/or commodities: _____

Please share the reason you are joining PMA: _____

RECOMMENDED BY

Name _____ Company _____

PRIMARY MEMBERSHIP CONTACT INFORMATION

By providing contact information on this application, the Primary and Secondary Membership Contacts agree to receive member value communications as specified in the Member Contact Policy which can be found online at pma.com.

Name	First													Last												
Job Title																										
Company Name																										
Street Address 1																										
Street Address 2	<small>(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)</small>																									
City																			Province							
Postal Code							Country																			
P.O. Box																										
City																			Province							
Postal Code							Country																			
Telephone	()				Fax	()												
Mobile Phone	()																					
Individual Email																										
Company Website																										
Company VAT #																										

MEMBER COMPANY INFORMATION (IF DIFFERENT FROM ABOVE)

Address 1	<small>(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)</small>																							
Address 2																								
City																			Province					
Postal Code							Country																	
Phone	()				Fax	()										

PLEASE PROVIDE US WITH AN ADDITIONAL MEMBERSHIP CONTACT.

Name	First													Last												
Job Title																										
Company Name																										
Street Address 1																										
Street Address 2	<small>(Include full shipping address - street, city, state, ZIP. FedEx will not deliver to a P.O. Box.)</small>																									
City																			Province							
Postal Code							Country																			
P.O. Box																										
City																			Province							
Postal Code							Country																			
Telephone	()				Fax	()												
Mobile Phone	()																					
Individual Email																										

PAYMENT INFORMATION

Membership benefits will begin upon receipt of dues payment and be retroactive to the 1st of the month.

PMA Annual Membership Dues R _____

Electronic funds transfer (EFT) Once application form has been processed an invoice will be sent to primary membership contact

MasterCard* VISA* American Express*

PROMOTIONAL CODE
CODE:

Account # _____ Expiration Date _____ / _____

Cardholder's Name (please print)

Cardholder's Employer Name (please print)

By checking this box, I indicate that I authorize this dues payment and understand this payment will make my company an active member of PMA for 12 months. I also understand that at the end of 12 months, my company will be invoiced for renewal.



Submit this form: by email to MembershipSA@pma.com

Questions: On paying membership dues: contact Charmaine Theron by email at MembershipSA@pma.com or +27 74 953 0810

On membership benefits: contact Lindie Stroebel by email at lstroebel@pma.com or +27 79 497 1594