

BARISTA GUILD OF



SOUTHERN AFRICA

Name : _____
Postal Address : _____ Code : _____
Physical Address : _____ Code : _____
Tel : _____
E-Mail : _____
Website : _____
Line of business or Activity : _____
Contact name and Position : _____
E-Mail : _____ Cell : _____

MEMBERSHIP OPTION:

R 100 - Barista membership fee (employed by SCASA member)

R 250 - Barista membership fee

Signed : _____ Date : _____

I/we hereby make payment to confirm my/our Membership of the Speciality Coffee Association of Southern Africa (SCASA), which is registered as a Section 21 Non-Profit Company, with the Register of Companies.

Annual Membership fees for the financial year period February 2015 to January 2016.

Banking details:
Speciality Coffee Association of Southern Africa
Standard Bank
Account No. 271182326
Centurion Branch

If the payment is a 'group' payment on behalf of more than one member, please attach an Application Form for each and every individual person or commercial entity for which the group payment represents.

Please e-mail confirmation of payment and your Application form to: info@scasa.co.za

SCASA
SPECIALITY COFFEE ASSOCIATION
— OF SOUTHERN AFRICA —