



**CORPORATE SPONSOR APPLICATION FORM**  
**August 2024– July 2025**

**Company (Corporate Sponsor) Details**

Name of Company: \_\_\_\_\_

VAT Number (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**1<sup>st</sup> Individual Member's Details**

Title (Mr, Ms, etc.): \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Registration with SACLAP:     YES / NO

Date: \_\_\_\_\_ SACLAP Registration No: \_\_\_\_\_

**\*\* Please add additional individuals on a separate page with the above contact information \*\***

Sponsorship Type	Number of Individual Members	Fee Aug 2024 – July 2025	Choose ONE
LA Consulting Company (large)	- Individual membership for 8 employees	R 24,610.00	
LA Consulting Company (medium)	- Individual membership for 6 employees	R 19,390.00	
LA Consulting Company (small)	- Individual membership for 4 employees	R 13,430.00	
LA Consulting Company (micro)	- Individual membership for 2 employees	R 5,955.00	
LA Consulting Company (start-up)	- Individual membership for 1 employee	R 2,610.00	
Service Provider (large)	- Individual membership for 8 employees	R 32,070.00	
Service Provider (medium)	- Individual membership for 6 employees	R 26,850.00	
Service Provider (small)	- Individual membership for 4 employees	R 21,820.00	
Large Institution	- Individual membership for 8 employees	R 22,690.00	
Medium Institution	- Individual membership for 6 employees	R 18,880.00	
Small Institution	- Individual membership for 4 employees	R 15,130.00	
Supplier Sponsor (small)	- Individual membership for 4 employees	R 18,790.00	
Supplier Sponsor (medium)	- Individual membership for 6 employees	R26,845.00	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

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**FOR OFFICE USE**

*Proponent:* \_\_\_\_\_ (Full Names)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Seconder:* \_\_\_\_\_ (Full Names)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kindly send this completed form to [ilasaservices@vdw.co.za](mailto:ilasaservices@vdw.co.za)**

An invoice for the membership fees will be sent to you upon receipt of this completed form.

**ILASA's Banking Details:**

ABSA Bank Limited

Branch No: 632005; Account No: 929 500 2636