



2010V2

Wireless Access Providers' Association

Membership Application Form

Please note the following:

- It is important that all questions are accurately and fully answered.
- Once we have received your completed application, we will contact you via email to acknowledge receipt thereof.
- Your application will be presented to the WAPA Committee for approval. Expect the application process to take one week.
- If you have any queries, please feel free to contact us for further information.

Please submit the completed application form to:

Fax: 086 587 0837

or

Email: info@wapa.org.za



MEMBER DETAILS

Registered Name:			
Trading Name:			
Type of legal entity: Company, Trust, Sec 21 (NPO)			
Registration Number:			
Date on which commenced activities:			
Website Address:			
Office Phone:			
Physical address:			
Postal address:			
Primary Contact Name:		Job Title:	
Email address:		Office number:	
Mobile number:		Fax number:	
Technical Contact Name:		Job Title:	
Email address:		Office number:	
Mobile number:		Fax number:	

MEMBERSHIP TYPE

Please tick relevant block:	<input type="checkbox"/>	Network Operator, Fees: R500/m
	<input type="checkbox"/>	Equipment Vendor, Fees: R500/m Supplier Registration Number:
	<input type="checkbox"/>	Network Engineering or Consulting Company, Fees: R500/m
	<input type="checkbox"/>	Associate Member - Non Profit, No Monthly Fees

LICENCE DETAILS

Please tick relevant block:	Licence Holder: ECS No: ECNS No:
	Acting under Licences: ECS No: ECNS No:
	No Licence – Application submitted with ICASA already
	No Licence – No application submitted, R3 500(excl VAT) fee applies
	No Licence Required

SERVICES

Please tick relevant block(s):	Outdoor Fixed Wireless
	Internet Access Services
	Wifi Hotspots
	VoIP

COVERAGE AREAS

Primary coverage areas:	

FREQUENCY SPECTRUM (OUTDOOR SERVICES ONLY)

Please tick relevant block(s):	2.4 GHz
	5.4 – 5.725 GHz
	5.8 GHz
	Other:

MEMBERS MAILING LIST

Email addresses you would like to have added to the WAPA members' mailing list:



DEBIT ORDER INSTRUCTION

I/we hereby request and authorize WAPA to draw against my/our account with the bank mentioned below (or any other bank or branch to which I/we may transfer my/our account) the sum specified under Debit Amount or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to WAPA in respect of our purchases/contract/agreement. I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

Bank Name:		Branch Code:	
Account Name:		Account Type:	Savings / Current
Account Number:		Debit Amount:	R500.00
Print Name:			
Signature:			



STATEMENT OF INTENT

I, the undersigned, confirm, in my capacity as authorised representative of _____
(Registered Name), that:

- We wish to become a member of the Wireless Access Providers' Association (WAPA).
- We agree to be bound by the WAPA Code of Conduct and to participate in the activities of the Association, including the provision of Census information.
- A fee of R3 500 (Three Thousand Five Hundred Rand) excluding VAT is payable for network operators which do not have the required licencing at the time of joining WAPA. This fee will be used to assist the member with the (Class ECS and Class ECNS) licence application process.
- I understand that funds will be utilised for the purpose of covering administrative fees and the continued running of the Association.
- Please note: Due to administrative reasons, WAPA only accepts Membership Contribution Fees paid by debit order.

SIGNED AT _____ on _____.

Duly Authorised Signature

Print name: _____

Position: _____