

**SADJA MEMBERSHIP APPLICATION**

**COMPANY DETAILS:**

NAME OF BUSINESS:

\_\_\_\_\_

ARE YOU? A MOBILE DISCO: \_\_\_\_\_

KAROAKE: \_\_\_\_\_

OTHER: \_\_\_\_\_

WHEN WAS YOUR BUSINESS ESTABLISHED? \_\_\_\_\_

WHAT TYPE OF BUSINESS ARE YOU? (CC, SOLE PROPRIETER,  
PARTNERSHIP, PTY (LTD))

\_\_\_\_\_

IF YOU ARE A REGISTERED COMPANY, OR CC PLEASE STATE YOUR  
REGISTRATION / CK NUMBER:

\_\_\_\_\_

WHAT SERVICES DO YOU PROVIDE?

\_\_\_\_\_

\_\_\_\_\_

ARE YOU RUNNING YOUR BUSINESS FULL TIME OR PART TIME?

\_\_\_\_\_

HOW MANY UNITS ARE YOU RUNNING? \_\_\_\_\_

PLEASE SUPPLY THE FOLLOWING COMPANY DETAILS:

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

POSTAL ADDRESS:

\_\_\_\_\_

CODE: \_\_\_\_\_

PHYSICAL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

**PARTNER / MEMBER DETAILS:**

PERSONAL DETAILS:

**PLEASE INCLUDE THE DETAILS OF ALL ROLE PLAYERS IN YOUR COMPANY**

FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

CONTACT DETAILS:

TELEPHONE NUMBER:

OFFICE HOURS: \_\_\_\_\_ AFTER HOURS: \_\_\_\_\_

CELLULAR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ROLE IN THE COMPANY (IE DJ, FINANCIAL MANAGER, MARKETING MANAGER ETC) \_\_\_\_\_

YEARS OF EXPERIENCE IN THE ENTERTAINMENT INDUSTRY:

\_\_\_\_\_

QUALIFICATIONS (RELATED OR UNRELATED TO INDUSTRY):

\_\_\_\_\_

IF YOU ARE NOT INVOLVED IN RUNNING YOUR ENTERTAINMENT BUSINESS FULL TIME WHAT IS YOUR OCCUPATION?

\_\_\_\_\_

WHAT OTHER ORGANIZATIONS ARE YOU A MEMBER OF?

\_\_\_\_\_

\_\_\_\_\_

BUSINESS DETAILS:

**PLEASE NOTE THAT MINIMUM REQUIREMENTS FOR JOINING SADJA ARE THAT YOU ARE A PAID UP, REGISTERED SAMRO MEMBER, THAT YOU HAVE PUBLIC LIABILITY COVER AND THAT YOU USE PROFESSIONAL EQUIPMENT.**

**IF YOU ARE NOT ABLE TO COMPLY WITH THESE CRITERIA, PLEASE CONTACT A SADJA COMMITTEE MEMBER AND WE WILL GLADLY ASSIST YOU TO JOIN SAMRO AND / OR TO OBTAIN QUOTATIONS FOR PUBLIC LIABILITY.**

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ARE YOU REGISTERED AND PAID UP WITH SAMRO? \_\_\_\_\_

PLEASE PROVIDE SAMRO LICENSE NUMBER: \_\_\_\_\_

DO YOU HAVE PUBLIC LIABILITY COVER FOR YOUR BUSINESS?

\_\_\_\_\_

NAME OF INSURER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

VALUE OF LIABILITY COVER:

EQUIPMENT DETAILS:

PLEASE GIVE US A COMPREHENSIVE LIST OF YOUR EQUIPMENT AND CONFIRM THAT IT WILL BE IN ORDER FOR A SADJA COMMITTEE MEMBER TO VISIT YOU AND VERIFY THAT YOU DO INDEED HAVE THE EQUIPMENT:

SPEAKERS: (MAKE AND MODEL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMPLIFIERS (UNLESS YOU ARE UTILIZING SELF POWERED SPEAKERS): (MADE AND MODEL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CD PLAYERS / TURN TABLES: (MAKE AND MODEL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MIXING DESKS: (MAKE AND MODEL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIGHTING: (MAKE AND MODEL)

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OTHER:

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REFERENCES:

PLEASE PROVIDE DETAILS OR ATTACH 3 RECENT REFERENCES

CONTACT PERSON: \_\_\_\_\_  
FUNCTION DATE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
FUNCTION DATE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
FUNCTION DATE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

HAVE YOU READ, UNDERSTOOD AND DO YOU AGREE TO ABIDE BY:

THE SADJA CONSTITUTION? \_\_\_\_\_

THE SADJA CODE OF ETHICS? \_\_\_\_\_

ONCE YOUR MEMBERSHIP APPLICATION HAS BEEN RECEIVED– YOU WILL BE ADVISED IN WRITING (FAX OR EMAIL) WITHIN 7 WORKING DAYS WITH A PRELIMINARY ACCEPTANCE. YOU WILL BE REQUIRED TO PAY YOUR ANNUAL MEMBERSHIP FEES WITHIN 2 WEEKS OF ACCEPTANCE OF MEMBERSHIP. ONCE YOUR FIRST PAYMENT HAS BEEN RECEIVED YOU WILL BE PRESENTED WITH YOUR SADJA MEMBER PACK WICH INCLUDES YOUR MEMBERSHIP NUMBER, CERTIFICATE OF MEMBERSHIP, SPECIMEN DOCUMENTATION (INCLUDING CLIENT CONTRACT). YOU WILL BE ENTITLED TO USE THE SADJA LOGO ON ALL OF YOUR MARKETING MATERIAL. USE OF THE

SADJA LOGO IS EXCLUSIVELY FOR THE USE OF PAID UP MEMBERS,  
MEMBERS WHOSE MEMBERSHIP IS NOT RENEWED OR LAPSES MUST  
CEASE TO USE THE LOGO.

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