

**SOUTH AFRICAN POULTRY ASSOCIATION
APPLICATION FOR MEMBERSHIP OF THE SAPA
DEVELOPING POULTRY FARMERS' ORGANISATION**

The Chief Executive Officer, South African Poultry Association, PO Box 1202, HONEYDEW, 2040
Email: reception@sapoultry.co.za, Tel: 011 795 9920, Fax: 011 795 2590



I, the undersigned:

- i) hereby apply for membership of the Developing Poultry Farmers' Organisation Jan – Dec 2015;
- ii) agree to abide by the Constitution of the South African Poultry Association and that of the Developing Poultry Farmers Organisation, as amended;
- iii) undertake to submit individual data to SAPA office for establishing a suitable statistical system to further the aims of SAPA;
- iv) understand that SAPA will treat all information provided as highly confidential.
- v) agree to pay a membership fee as stipulated by the Developing Poultry Farmers' Organisation Constitution

**NB! BONA FIDE PRODUCERS MUST COMPLETE SECTION A BELOW
PLEASE COMPLETE SECTION C FOR POULTRY BULLETIN CIRCULATION**

SECTION A BONA FIDE PRODUCERS

A bona fide producer shall be a person, company or organisation who derives the greater part of their poultry income from the production of table poultry and eggs and is a processor or packer of table poultry and eggs and falls within the purview of the Meat Safety Act and/or the Agricultural Products Standard Act.

<p>Tick a box (✓ or X) BROILERS</p> <p><input type="checkbox"/> Production level less than 1 000 birds per cycle</p> <p><input type="checkbox"/> Production level between 1 000 and 10 000 per cycle</p> <p><input type="checkbox"/> Production level above 10 000 per cycle</p> <p>Tick a box (✓ or X) LAYERS</p> <p><input type="checkbox"/> Production level less than 500 per cycle</p> <p><input type="checkbox"/> Production level above 1 000 per cycle</p> <p><input type="checkbox"/> Layers <input type="checkbox"/> Broilers <input type="checkbox"/> Indigenous/Village chickens <input type="checkbox"/> Abattoir</p>	<p>R114 p.a.</p>	<p>BANKING DETAILS: ABSA: Northcliff Acc: 730 720 238 Branch: 334705</p>
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PLEASE COMPLETE THE FOLLOWING (IN PRINT)

Contact Person: _____			
Date of birth: _____			
Postal address and Code: _____	Physical Address: _____	_____	
GPS Coordinates: _____			
Farm Name/Entity Name	Municipality	District	Province
Tel no _____ Fax no _____			
Cell no _____ e-mail _____			
Average number of broilers produced per cycle _____			
Number of commercial egg layers (Over the age of 18 weeks) _____			
Number of poultry slaughtered per week _____			

Signature of Applicant: _____ Date: _____