

INDIVIDUAL MEMBERSHIP APPLICATION



Association Management Offices: International Festivals & Events Association Africa, NPO 080-273
 108 Frere Road, Bezuidenhout Valley, Greater Ellis Park Precinct Johannesburg 2094
Phone: +27-011-614-0457 • **Mobile:** +27-82-920-5182
Account Holder: International Festival & Events Association Africa • **Bank:** First National Bank
Branch: Eastgate Branch • **Account Number:** 62375210128 • **Br Code:** 257705
Events: events@ifeafrica.co.za • **President:** president@ifeafrica.co.za
 • **Association Management:** associationmanagement@ifeafrica.co.za

MEMBERSHIP FEES : IFEA Africa - International Festivals & Events Association AFRICA - R500,00 per annum - renewable annually.

The IFEA Africa membership includes

Tracking Continued Professional Development (CPD) achievements

Listing in the on-line IFEA Africa Festival & Events Directory

1. INDIVIDUAL MEMBER CONTACT INFORMATION

Surname: _____ First Name: _____

Physical Address: _____

Suburb/Community/Neighbourhood/Village: _____

Contact Phone Number / Email : _____

ID Number : _____ Local Municipality: _____

Country of Origin : _____ Country of affiliation : _____

2. EVENT VALUE CHAIN DETAILS

Name of Enterprise: _____ Core Business: _____

Legal Entity of Enterprise: Co-operative CC (Pty) Ltd NPO CBO PBO Registration No: _____

Enterprise Contact No.: _____ Enterprise Email Address: _____

Name of Festival/Event and Web Address (if applicable): _____

3. OCCUPATION

PLEASE SELECT AND TICK YOUR OCCUPATIONAL FIELD BELOW:

- | ORGANISERS | ADMINISTRATION | DESIGN | MARKETING | OPERATIONS | RISK |
|---|---|--|---|--|---------------------------------------|
| <input type="radio"/> Event Volunteer | <input type="radio"/> Finance | <input type="radio"/> Educational Content | <input type="radio"/> Marketing Plans | <input type="radio"/> Attendee Management | <input type="radio"/> Compliance |
| <input type="radio"/> Event Assistant | <input type="radio"/> Human Resources | <input type="radio"/> Food & Beverage | <input type="radio"/> Marketing Materials | <input type="radio"/> On-Site Communication | <input type="radio"/> Risk Management |
| <input type="radio"/> Event Support | <input type="radio"/> Information Systems | <input type="radio"/> Entertainment | <input type="radio"/> Merchandising | <input type="radio"/> Infrastructure | <input type="radio"/> Emergency |
| <input type="radio"/> Event Coordinator | <input type="radio"/> IT Systems | <input type="radio"/> Décor, props, hiring | <input type="radio"/> Promotions | <input type="radio"/> Logistics | <input type="radio"/> Health & Safety |
| <input type="radio"/> Event Manager | <input type="radio"/> Procurement | <input type="radio"/> Production Design | <input type="radio"/> Public Relations | <input type="radio"/> Participant Management | <input type="radio"/> Insurance |
| <input type="radio"/> Event Producer | <input type="radio"/> Stakeholder Man. | <input type="radio"/> Programmes | <input type="radio"/> Sales | <input type="radio"/> Site Management | <input type="radio"/> Legal |
| <input type="radio"/> Event Director | <input type="radio"/> Project Man. | <input type="radio"/> Theme Design | <input type="radio"/> Sponsorship | <input type="radio"/> Technical | <input type="radio"/> Security |

PLEASE SELECT AND TICK YOUR EXPERIENCE LEVEL (1000 hours = approximately 1 year)

- Entry 1000 Hours 3000 Hours 5000 Hours 5000 Plus Hours

3. CONSENT AGREEMENT

IFEA requests to have a signed consent form on file for all entities to which IFEA sends Whatsapp, emails and sms's. By listing my cellphone and email address on this form - I hereby consent to receive Whatsapp, emails and sms's from the IFEA. I hereby record and agree that IFEA shall not be liable for any act or omission on my part in the provision of services under this association (whether negligent or otherwise, including gross negligence) which causes injury, loss or damage to me, any employee of the IFEA and/or any third party (whether direct, indirect or consequential) and I hereby indemnify the IFEA in respect thereof. I declare that the information in this application form is true and correct and agree to abide by the IFEA Industry Code of Professional Conduct and Ethics - www.ifeafrica.co.za or www.ifea.com

Applicant Name: _____ Signature: _____

Signed at: _____ Day: _____ Month: _____ Year: _____

Witness Name: _____ Signature: _____

Signed at: _____ Day: _____ Month: _____ Year: _____