



Interior Plantscapers Association of South Africa

Membership Application Form

Please note that all fields must be completed. Please scan and mail your completed Application Form to info@ipsa.za.com

Primary Contact : _____
Title: : _____
Company: : _____
Postal Address : _____
City : _____
Province : _____
Code : _____
Business Phone : _____
Cell Phone : _____
E-mail : _____
Website : _____
Number of Employees : _____
No. of Years in Business : _____
Number of Locations : _____

Fee Structure (Please tick boxes below):

Principal Large (Interior Plantscapers)	R 7 000.00	<input type="checkbox"/>
Principal Large (Interior Plantscapers)	R 3 500.00	<input type="checkbox"/>
Associate (Suppliers / Professionals)	R 4 500.00	<input type="checkbox"/>
Employee / Individual	R 500.00	
Student	R 200.00	<input type="checkbox"/>

Please note that R1500.00 administrative fee is payable upon application for principle and small business categories and R200.00 for Associate and Individuals. Student applications attract no admin fee.

1.0 **TYPE OF BUSINESS** SOLE PROPRIETORSHIP / LIMITED COMPANY
CLOSE CORPORATION / PARTNERSHIP
• Delete which is not applicable

1.1 DATE OF BUSINESS COMMENCEMENT: _____

1.2 FULL NAMES OF PARTNERS / DIRECTORS / MEMBERS / OWNERS: _____

2.0 **TYPE OF WORK:**

2.1 What type of work do you generally undertake?: _____

2.3 If allied to the trade, what products do you distribute or manufacture? _____

PLEASE NOTE: QUESTIONS 3 TO 11 ONLY APPLY TO PRINCIPLE MEMBERSHIP APPLICATIONS

3.0 **COMPANY DETAILS:**

3.1 EMPLOYEES: (quote numbers only)

- | | |
|--|---|
| <input type="checkbox"/> Management | <input type="checkbox"/> Skilled Workers |
| <input type="checkbox"/> Horticulturists | <input type="checkbox"/> Semi-skilled Workers |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Unskilled Workers |
| <input type="checkbox"/> Supervisors | |

3.2 TOTAL NO. OF STAFF: _____

4.0 **FACILITIES:** (Please tick boxes below)

GENERAL:

- | | |
|---|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Growing facilities | <input type="checkbox"/> Nursery / Plant holding area |

5. **INSURANCE COVER:**

Name of Insurers _____

Public Liability _____

Employer`s Liability _____

6. **VEHICLES** (fill in numbers)

L.D.V. 2.5 – 4 ton

Other (Specify) 7 ton

7. Do you service weekly, fortnightly or other? If other please specify

8. Do you use a controlled watering system? _____

(If yes, name system) _____

9. Have you previously traded under a different title or name? _____

If yes, give details: _____

10. Are you a member of any other Trade / Professional Association? _____

If yes, give details: _____

11. **REFERENCES:** (List minimum of 3 current clients)

11.1 Client: _____

Site Address: _____

Contact: _____

Tel No. _____ Cell: _____

Value of maintenance / Rental per annum: _____

Date Contract Started: _____

11.2 Client: _____

Site Address: _____

Contact: _____

Tel No. _____ Cell: _____

Value of maintenance / Rental per annum: _____

Date Contract Started: _____

11.3 Client: _____

Site Address: _____

Contact: _____

Tel No. _____ Cell: _____

Value of maintenance / Rental per annum: _____

Date Contract Started: _____

11.4 Client: _____

Site Address: _____

Contact: _____

Tel No. _____ Cell: _____

Value of maintenance / Rental per annum: _____

Date Contract Started: _____

11.5 Client: _____

Site Address: _____

Contact: _____

Tel No. _____ Cell: _____

Value of maintenance / Rental per annum: _____

Date Contract Started: _____

8. On acceptance as a member in the category designated, an invoice for the full membership will be sent to you. This invoice is payable within 30 days otherwise your application will become null and void. The financial year runs from the end of February to the 1st of March the following year. If acceptance is made after 31 August only, a pro-rata membership fee will be payable.

9. Prospective principle member premises will be visited by a representative of the Executive before membership is approved. An external independent consultant is used to review reference sites to ensure an unbiased review is provided to the committee for consideration.

10. The IPSA logo is the official mark of the association and may only be used by individuals who are members to promote their membership.

I hereby certify that the company _____

Has the necessary technological expertise and capability to carry out the work as specified above.

Signed: _____ Print Name: _____

Designation: _____ Date: _____

Please return this application form, together with proof of payment to info@ipsa.za.com for attention: Membership Secretary

IPSA Banking Details: Bank: Nedbank
 Branch: Midrand
 Branch Code: 168642
 Acc. No.: 1686046189

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Accepted: _____ Date: _____

Category: _____

Subscription: _____ Inv. No. _____



interior plantscapers association

CODE OF ETHICS

As a plantscaper I recognise the golden rule as being a guide for everyday business life and in applying it, I strive to adhere to the following principals.

To practice that fundamental honesty which is the foundation of all worthy endeavours; to be proud of my occupation as a plantscaper and the opportunity it affords me to serve others.

To make no false claims in advertising my products or services, and to display the official emblem or sign of the association only as long as I am a member in good standing.

To remember that in building up my own business, it is not necessary to tear down other`s. To be loyal to my customers and true to myself.

To foster every movement toward a higher standard in our industry, to the end that the consumer will be offered first quality material and the best service.

To display the emblem or sign of the association as an indication to the public that I stand by this code.

To improve and promote social and business friendship and understanding
1between members.