INSURANCE INSTITUTE GAUTENG NORTH | 2024

Membership Application



Should you have any inquiries regarding MEMBERSHIP of the Institute contact us on secretary@iing.co.za. Please complete this form and return to the membership committee for approval on membership@iing.co.za



Membership option	ns						
PLATINUM M R 16 500.00 a	_		SILVER MEMBERSHIP R 3 500.00 annual fee				
GOLD MEMB R 7 700.00 a	_		R 450.00 annual fee				
Individual Member	Contact Information :						
First Name :		Last Name :					
Address :							
Post Code :	Phone No :		E-Mail :				
Corporate Member	rship or Sponsorship In	formation :					
Business Organization Nam	ie:	Websi	Website ∕ E-Mail :				
Position Business :		Phone	Phone Number :				
Full Address :			City / Province :				
Signature :			Date :				
of membership.	committee approved your m		pice is issued for the amount as per category				

- ce we receive payment, an email summarising your benefits will be send to you.
- Membership is payable annually in advance and renewable at the same category as originally registered unless inform prior to renewal of any option changes.
- Benefits are not transferable from one year to another. Benefits not utilised are forfeited for the year of payment.

OFFICE	RECEIVED	APPROVED / DECLINED	INVOICED	RECURRING INVOICE	ADDED TO REGISTER	AGKNOWLEDGEMENT SENT	ADDED TO MAILING LIST
USE							