

**SAPA Accreditation Program Application Form**

**The Applicant:**

Office address: \_\_\_\_\_

SAPA number: \_\_\_\_\_

Operating in: \_\_\_\_\_

*city/area*

**Nominating:** *At least one individual who is actively managing residential properties*

<i>Title and full name of nominated individuals</i>	
1	
2	
3	
4	
5	
6	

**Declaration:**

1. I have read, understood and agree to abide by the SAPA Rules of Membership. Any breach may result in membership of the SAPA Accreditation Program being revoked.
2. I understand that the Office will no longer be entitled to use the SAPA Accreditation logo, title or any associated material, should the Office is no longer a member of SAPA or has been suspended or excluded from the SAPA Accreditation Program.
3. Should my application prove successful, I agree to complete the SAPA training course during the next calendar year.
4. I agree to have a company check and a credit check performed.
5. I verify that I own or manage at least two properties.
6. I agree to comply with all requirements for usage of SAPA accreditation logo.

Signature: \_\_\_\_\_

only a signature of the Principal/Partner/Director  
will be accepted (indicate which one)

Date: \_\_\_\_\_

Print name: \_\_\_\_\_