



BUSINESS GROWTH AND
SCALE UP COMMUNITY

Business Growth and Scale-Up Community (BGSC)

Membership Application Form

1. Business Information

Business Name:

Business Type (Sole Proprietor, Pty Ltd, Cooperative, etc.):

Business Address:

Province/Region:

2. Contact Person Details

Full Name:

Position/Title:

Email Address:

Mobile Number:

3. Business Stage (Select one)

- ☐ Pre-Seed (Idea stage)
- ☐ Seed (Early-stage, building prototypes)
- ☐ Startup/Early (Initial traction, acquiring customers)
- ☐ Growth (Proven model, expanding offerings)
- ☐ Scale-Up (Expanding nationally, regionally, or internationally)
- ☐ Maturity (Optimizing, diversifying, or exiting)

4. Sector (Select all that apply)

- ☐ Agriculture and Agro-Processing
- ☐ Construction
- ☐ Manufacturing
- ☐ Retail and Wholesale Trade
- ☐ Tourism and Hospitality



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- ☐ Transport and Logistics
- ☐ ICT and Digital Services
- ☐ Financial and Professional Services
- ☐ Health and Wellness
- ☐ Jewellery Making and Minerals Processing
- ☐ Renewable Energy
- ☐ Circular Economy

5. What Are You Hoping to Gain from Joining BGSC? (Tick all that apply)

- ☐ Networking & Collaboration Opportunities
- ☐ Business Development Tools and Resources
- ☐ Market Access and Exposure
- ☐ Mentorship and Executive Coaching
- ☐ Visibility and Recognition in Your Sector
- ☐ Access to Funding and Investor Readiness Support
- ☐ Participation in Virtual Breakfast Masterclasses
- ☐ Invitations to Paid Face-to-Face Workshops & Masterclasses
- ☐ Access to Professional Services (Legal, Finance, HR, etc.)

6. Brief Description of Your Business (Products/Services offered)

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7. How Did You Hear About BGSC?

- ☐ Social Media
- ☐ Referral
- ☐ Business Event
- ☐ Online Search
- ☐ Other (Please specify): _____



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8. Consent & Declaration

By submitting this application, I acknowledge that I am authorized to represent the business listed above and that the information provided is accurate. I agree to receive communications from BGSC and participate in its activities as a member.

Signature: _____

Name: _____

Date: _____