



Child Welfare Tshwane
NPO Reg No 001-612

MEMBERSHIP APPLICATION FORM

I would like to make a difference and
become a member of the organisation.

Title: _____ Surname: _____ Name: _____

Company Name: _____

Postal address: _____ Code: _____

Tel No:(Personal) _____ Tel No:(Business) _____

E-mail: _____

Please sign me up for (tick appropriate box)

Business - R500-00 per annum
(2 Votes at AGM)

Individual - R150-00 per annum
(1 Vote at AGM)

I would like to receive more general information.

I wish to offer my service as a volunteer

Cheque for R _____ enclosed

Direct deposit of R _____ made to
organisation's bank account

Notes:

Banking Details: All donations are payable to: Child Welfare Tshwane,
Bank: ABSA, Branch: Brooklyn, Branch code: 335-345,
Account number: 4045889029
Receipts and certificates will be issued for donations received.
More information can be obtained from the Marketing Manager.
Contact details: Tel: 012 460 9236, Fax: 012 460 6333

Date: __/__/200__

Signature: