



MEMBERSHIP APPLICATION FORM

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

Title: _____ Name: _____ Surname: _____

Company: _____

Postal address: _____ Code: _____

Tel no (Personal): _____ Tel no (Business): _____

E-mail: _____ Cell no: _____

Please sign me up for (tick appropriate box)

Business: R500-00 per annum
(2 votes at AGM)

Individual: R250 per annum
(1 vote at AGM)

I would like to receive more general information

I wish to offer my services as a volunteer

Cheque for R _____ enclosed

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

Banking Details:

Account name: Child Welfare Tshwane

Account number: 4045889029

Bank: ABSA

Branch: Brooklyn

Branch Code: 335-345

Reference: Member + your name

Please return this from with proof of payment to:
Manager Fundraising
PO Box 503, Pretoria, 0001
Or fax to: 012 460 6333

Date: _____ / _____ / 20____

Signature