



Membership Application

1 April 2019 – 31 March 2020

I/We wish to (please x)	<input type="checkbox"/> Become a new member	For office use Rec No: EFT: R Date:	
	<input type="checkbox"/> Renew my/our membership		
	Membership Category (please x)		<input type="checkbox"/> R120 Ordinary (19-59 years) <input type="checkbox"/> R240 Family (2 Adults + Children 4-18 years) * <input type="checkbox"/> R70 Senior Citizen (60+ years)

Main Member		Card no:
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Other:	
First name		
Surname		
ID / Passport		

Spouse / Partner		Card no:
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Other:	
First name		
Surname		
ID / Passport		

Children *4 – 18 years (under 4's included on responsible adult's card)				Card no:
Surname	Name	Age	Date of birth	
			yyyy-mm-dd	
			yyyy-mm-dd	
			yyyy-mm-dd	
			yyyy-mm-dd	

Address				
Address				Postal code
Address				
Telephone			Cell phone	
Email Address				
I would like to receive my newsletter via e-mail	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans			

- Your personal details will not be sold to or shared with third parties unless required by the City of Cape Town to provide you with a service.
- I agree to abide by the rules of the Friends of the Helderberg Nature Reserve and grant the Friends permission to use my details to correspond with me.

Signature: _____

Date: _____

Bank details: Bank: ABSA Account name: Friends of Helderberg Nature Reserve Account No: 9 0 7 2 0 2 9 4 2 9 Reference: Membership <i>(Please use Membership as the reference)</i>	Please note: When renewing/applying for Membership, please bring the following to the Visitor Centre: <ul style="list-style-type: none"> • A printed proof of payment • A printed typed membership form • All Membership Cards (if applicable)
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