



Membership Application

1 April 2020 – 31 March 2021

I/We wish to (please x)	<input type="checkbox"/> Become a new member	For office use	
	<input type="checkbox"/> Renew my/our membership	Rec No:	
Membership Category (please x)	<input type="checkbox"/> R140 Ordinary (19-59 years)	EFT:	Checked
	<input type="checkbox"/> R260 Family (2 Adults + Children 4-18 years)	R	by:
	<input type="checkbox"/> R80 Senior Citizen (60+ years)	Date:	

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

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

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: _____

<p>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></p>	<p>Please note: When renewing/applying for Membership, please bring the following to the Visitor Centre:</p> <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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