

MEMBERSHIP APPLICATION FORM FRIENDS OF ZEEKOEVLEI & RONDEVLEI

NOW until 28/2/2019

Full name: Dr/Mr/Mrs/Ms Address (physical):		
Telephone (home):	(work):	(cell):
E-mail:		
Please tick membership catego () Individual R50 per a () Family R75 per ann () Corporate R500 per	innum um	
In addition to my annual subscr	ription I also include a donation c	f:
Area of interest (e.g. plants, bir	ds, watersports etc.):	
•	·	vw.zeekoevlei.co.za) in order to receive news contribute to the site please provide us with the
user name :(this can be an alias you would like to be known by)		
A password :(yo	u can change this any time you w	vish by logging in and editing your details)
Signaturo		Date

Then e-mail or fax this form and proof of payment (with your name/ surname as the recipient reference) to:

Join or renew now by completing this form and depositing your subs directly into the Friends bank account:

• **E-mail**: <u>FoZR.subs@gmail.com</u>

Bank: Nedbank, Claremont Branch: Branch No: 104609

Name: Friends of Zeekoevlei and Rondevlei

Account: Savings Account No: 2046663500

• Fax: 086 619 3688