



SWELLENDAM

APPLICATION FOR MEMBERSHIP

It is a condition of membership that SPCA members are deemed to be aware of and to be bound to the SPCA's Constitution and Statement of Policy and any amendments thereto.

Please tick the relevant box:

<input type="checkbox"/>	New Member	<input type="checkbox"/>	Renewal
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<input type="checkbox"/>	CORPORATE MEMBER	R750 annually	<input type="checkbox"/>	JUNIOR MEMBER < 16s	R100 annually
<input type="checkbox"/>	LIFE MEMBER	R750 once off	<input type="checkbox"/>	ORDINARY MEMBER	R150 annually
<input type="checkbox"/>	PENSIONER MEMBER >65s*	R100 annually	<input type="checkbox"/>	Donation	R

Discounted membership for Seniors or persons with disabilities and Honorary Life membership are available at the Management Committee's discretion

All membership fees with the exception of Life Membership, are due and payable annually on 1st April of each year.

DETAILS:

Name & Surname:
Residential Address:
Postal Address:
E-mail Address:
Telephone Numbers (H):
(C):

I hereby adopt the SPCA Statement of Policy as my own manifesto and agree to strictly adhere to and advance the commitments therein contained. I also understand that membership is not a given and that the SPCA has the right to refuse membership.

Signature: _____ Date: _____

Method of Payment: EFT ONLY

BANKING DETAILS FOR EFT

SPCA Swellendam
Nedbank C/A 102 048 0890
Branch code 13205
Reference: "Your initial & surname" – Membership

Please email your completed form and proof of payment to: committee@spcaswellendam.co.za

OFFICE USE ONLY

Membership Number: _____ Membership Approved/Declined: _____

Reason (if declined): _____

Membership Fees: _____ Date Payment Received: _____

Witness for Society: _____ Signature: _____

THANK YOU FOR YOUR SUPPORT!