

# MEMBERSHIP & DEBIT ORDER FORM FOR MEMBERS



## Do you want to join AfriForum?

- Complete the application form below and fax it to 086 330 1166, or mail it to P.O. Box 17216, LYTTELTON, 0140.
- Phone 086 10 200 30, visit [www.afriforum.co.za](http://www.afriforum.co.za) or send an email to [ledesake@afriforum.co.za](mailto:ledesake@afriforum.co.za).

Please complete in BLOCK LETTERS

|   |                            |                            |   |
|---|----------------------------|----------------------------|---|
| TITLE:  | <input type="text"/>       | SURNAME:                   | <input type="text"/>                                  |
| FULL NAMES:   | <input type="text"/>       |                            |   |
| NAME:   | <input type="text"/>       | GENDER:                    | <input type="checkbox"/> M <input type="checkbox"/> F |
| TEL. (H):   | <input type="text"/>       | CELL NUMBER:               | <input type="text"/>                                  |
| TEL. (W)  | <input type="text"/>       | FAX NUMBER:                | <input type="text"/>                                  |
| EMAIL ADDRESS:  | <input type="text"/>       |                            |   |
| SECONDARY EMAIL ADDRESS:                                | <input type="text"/>       |                            |   |
| ID NUMBER:  | <input type="text"/>       | DATE OF BIRTH:             | <input type="text"/>                                  |
| MARITAL STATUS :  | <input type="text"/>       | LANGUAGE PREFERENCE :      | <input type="text"/>                                  |
| DEPENDANTS:   | <input type="text"/>       | <input type="text"/>       | <input type="text"/>                                  |
| PROFESSION:   | <input type="text"/>       | HIGHEST QUALIFICATION:     | <input type="text"/>                                  |
| DELIVERY ADDRESS:                                       | <input type="text"/>       |                            |   |
|   | <input type="text"/>       | <input type="text"/>       | <input type="text"/>                                  |
|   | <input type="text"/>       | <input type="text"/>       | <input type="text"/>                                  |
| STREET ADDRESS:   | <input type="text"/>       |                            | <input type="text"/>                                  |
|   | <input type="text"/>       | <input type="text"/>       | <input type="text"/>                                  |
| ARE YOU INTERESTED IN JOINING A LOCAL AFRIFORUM BRANCH? | <input type="checkbox"/> Y | <input type="checkbox"/> N |   |

## COMMUNICATION:

MEMBERS AUTOMATICALLY AGREE TO RECEIVE CORRESPONDENCE FROM AFRIFORUM. PLEASE NOTE THAT NOT ALL CORRESPONDENCE IS AVAILABLE IN ENGLISH.

I PREFER THE FOLLOWING TYPE(S) OF COMMUNICATION FROM AFRIFORUM:

|   |                                    |                                  |                               |                         |                              |                                |                               |
|---|------------------------------------|----------------------------------|-------------------------------|-------------------------|------------------------------|--------------------------------|-------------------------------|
| <b>ELECTRONIC NEWSLETTER:</b>                           | AFRIKAANS <input type="checkbox"/> | ENGLISH <input type="checkbox"/> | NONE <input type="checkbox"/> | <b>MEMBER BENEFITS:</b> | SMS <input type="checkbox"/> | EMAIL <input type="checkbox"/> | TEL. <input type="checkbox"/> |
| <b>FORUM TYDSKRIF:</b><br>(only available in Afrikaans) | PRINTED <input type="checkbox"/>   | DIGITAL <input type="checkbox"/> | NONE <input type="checkbox"/> | <b>GENERAL:</b>         | SMS <input type="checkbox"/> | EMAIL <input type="checkbox"/> | TEL. <input type="checkbox"/> |

## DEBIT ORDER AUTHORISATION:

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| ACCOUNT HOLDER:  | <input type="text"/>                      |  |  |  |  |
| BANK:  | <input type="text"/>                      | ACCOUNT TYPE:                              | <input type="text"/>                       |  |  |
| ACCOUNT NUMBER:  | <input type="text"/>                      | BRANCH CODE:                               | <input type="text"/>                       |  |  |
| THE DAY ON WHICH THE DEBIT ORDER MUST RUN:             | <input type="checkbox"/> 1ST OF THE MONTH | <input type="checkbox"/> 16TH OF THE MONTH | <input type="checkbox"/> 26TH OF THE MONTH |  |  |
| THE MONTH IN WHICH THE DEBIT ORDER SHOULD TAKE EFFECT: | <input type="text"/>                      |  |  |  |  |
| AMOUNT:  | <input type="checkbox"/> R300 P.M.        | <input type="checkbox"/> R200 P.M.         | <input type="checkbox"/> R150 P.M.         | <input type="checkbox"/> R100 P.M. (AVERAGE) | <input type="checkbox"/> R1 200 P.A. (AVERAGE) |
| OTHER MONTHLY AMOUNT:                                  | <input type="text"/>                      | OTHER ANNUAL AMOUNT:                       | <input type="text"/>                       |  |  |

## SIGNATURE:

|                                   |                      |       |                      |
|-----------------------------------|----------------------|-------|----------------------|
| HEREWITH COMPLETED AND SIGNED AT: | <input type="text"/> | DATE: | <input type="text"/> |
| SIGNATURE:                        | <input type="text"/> |       |                      |

By signing this form, you agree that your membership fee may be increased annually.

I agree that I will submit to the rules and regulations of AfriForum as published from time to time. I accept that benefits may change.

### Bank authorisation (cross out what does not apply)

I/we hereby request and authorise you/your authorised agent to debit the necessary payment of the monthly premium in respect of membership against my/our account with the above-mentioned bank (or any other bank/branch to which I/we or my/our account may transfer). All such withdrawals from my/our bank account will be considered to have been signed personally by me/us. I/we undertake to pay the bank charges related to this instruction and authorise you to recover the value thereof in accordance with the prevailing rate of the South African Clearing Bank at the time of withdrawal. I/we understand that:

1. The debit hereby authorised will be processed by a computer.
2. Details of every withdrawal will be shown on my/our bank statement or accompanying supporting proof.
3. The obligation to ensure that my/our monthly premiums are received by you, remains my/our responsibility, notwithstanding the allocation of this debit order authority to you. I/we undertake from time to time to ensure that the appropriate amount payable for the monthly premiums in respect of the above-mentioned membership is collected by you in terms of this debit order authority, and I/we hereby acknowledge that your acceptance of this debit order authority in no way places any burden on you to ensure that the monthly debit of the amount referred to here, does occur. This authority will remain fully in force until I/we cancel it by written notice within 30 days by registered mail sent to you, but I/we will not be entitled to any refund of any collection of the debit order while authority was in force, unless I/we can prove that any such amounts were not legally owed to you. Receipt of this instruction by you shall be deemed to be receipt thereof by my/our bank.