friends of
DE WAAL PARK
Cape Town - South Africa

MEMBERSHIP APPLICATION FORM

I hereby apply for membership of the Friends of De Waal Park and agree to abide by the rules and regulations of the Association.

_____(Signature) Date : _____ 20_____

Your personal information is strictly for the internal records and use of the Friends of De Waal Park and will not be passed to any other source whatsoever.

NAME .....
Family membership

NAME 2 .....

NAME 3 .....

ADDRESS .....

.....

e-mail .....

Cell (0)..... Tel. No. (021).....Home/Bus

Occupation .....Do you have any professional or other skills with which you would be willing to assist the Park – e.g. Marketing / Fund raising / Horticulture / Carpentry / IT
Other (*please specify*) .....

Please let us know when your birthday(s) is/are

Name 1 ..... Day ..... Month .....
Name 2 ..... Day ..... Month .....
Name 3 ..... Day ..... Month .....

Please let us have information about your dog(s) if applicable

Dog 1 Name ..... Male/Female Breed ..... Birthday .....
Dog 2 Name ..... Male/Female Breed ..... Birthday .....
Dog 3 Name ..... Male/Female Breed ..... Birthday .....

Annual Subscription **Individual membership:** R 60,00 **Family membership:** R100,00
Amount paid R_____ Date : _____ 20 _____

Bank Account

Account Holder: *Friends of De Waal Park*
Bank: *Standard Bank (Gardens Branch)*
Account No: *070 125 481*
Branch Code: *051 001*

Please use your name as a reference & advise us of your payment by **fax:** *086 671 7266* **e-mail:** *dewaalpark@mweb.co.za* or by **SMS:** *082 260 0185* or mail to P O Box 12489, Mill Street, 8010.
thank you.

www.dewaalpark.co.za

friends of
DE WAAL PARK
Cape Town - South Africa

Date: .....

Amount.....

..... R .....

Received by: ..... *Signature:* .....