

APPLICATION FOR MEMBERSHIP

Date of Application: _____

APPLICANT INFORMATION

Surname of Applicant: _____

First name(s) of Applicant: _____

Date of Birth: _____ Gender: _____

Nationality: _____ Marital Status: _____

Identity Number: _____

Cell: _____ Tele: _____

Physical Address: _____

Postal Address: _____

Home Village/Town: _____ Ward: _____

Chief/Kgosi: _____

Postal Address: _____

Employer (Agency): _____

Tele/Cell: _____

NOMINEE(S)/ BENEFICIARIES

Name of Nominee(s)/ Beneficiaries	Relationship	Age	Share %

NEXT OF KIN

Surname: _____

First name(s): _____

Date of Birth: _____ **Gender:** _____

Nationality: _____ **Relationship:** _____

Identity Number: _____

Cell: _____ **Tele:** _____

I agree to conform to the Society's bye-laws and amendments thereof

Signature: **Date:**

Reffered by _____

Cel _____ **Email** _____

OFFICE USE ONLY

Name of Officer: _____

Officer's Signature _____

Date: _____