



AFRICAN CHRISTIAN DEMOCRATIC PARTY

CITY OF TSHWANE METROPOLITAN REGION

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MEMBERSHIP APPLICATION FORM

Please tick appropriate box

NEW MEMBER: <input type="checkbox"/>	RENEWAL: <input type="checkbox"/>	NEW MEMBER INTRODUCED BY: <input style="width: 95%;" type="text"/>
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N.B. Membership subscription valid from 1 March to 28 February and is payable annually.

SURNAME:	<input style="width: 100%;" type="text"/>
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TITLE:	<input style="width: 100%;" type="text"/>	FIRST NAMES:	<input style="width: 100%;" type="text"/>
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I.D. NO:	<input style="width: 100%;" type="text"/>	DATE OF BIRTH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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RESIDENTIAL ADDRESS: CODE: TELEPHONE: WORK: (.....) HOME: (.....) FAX: (.....) CELL: EMAIL:	POSTAL ADDRESS: CODE: NATIONALITY: OCCUPATION: LANGUAGE PREFERENCE:	MARITAL STATUS: <p style="color: red; font-size: small;">Please tick appropriate box</p> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> NAME OF SPOUSE: NUMBER OF CHILDREN: RELIGION: CHURCH AFFILIATION:
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MEMBERSHIP FEE OF R10.00 AND A DONATION OF R IS HEREWITH SUBMITTED: Cash Cheque
 Membership Card (extra R 10.00)

FOR OFFICE USE ONLY

Ward:	Membership No.:
Branch:	Receipt No.:
Region:	Membership Date:

I, the undersigned, hereby agree to adhere to the Constitution of the African Christian Democratic Party (ACDP):

_____ Signature _____ Date

DEBIT ORDER INSTRUCTION

I am prepared to make a monthly financial contribution and therefore authorise the ACDP, P O BOX 123, Menlyn, 0063 to debit my bank account, in accordance with the details below:

THE AMOUNT OF R IS TO BE DEDUCTED FOR THE FIRST TIME ON (DATE): AND THEREAFTER ON THE DAY OF EVERY MONTH. BANK:

BANK ACCOUNT NO.: TYPE OF ACCOUNT:

BRANCH: BRANCH CODE: SIGNATURE: DATE: