

SAVE NGWATHE

PRIVAAT PERSOON / INDIVIDUALS

LIDMAATSKAP AANSOEKVORM / MEMBERSHIP APPLICATION FORM

Naam / Name: *					
Van / Surname: *					
ID no.: *					
Geslag / Gender:					
Taal / Language:	Afrikaans	English	Sesotho	Other	
Werkstatus / Employment status:	Employed	Un-Employed	Pensioner	Student	
Mediese beperkings / Medical impairments	Oxygen or other support system	Mobility	Hearing Impaired	Sight Impaired	Mentally Handicapped
Posadres / Postal address:					
Straat adres / Street address: *					
Wyk / Ward:					
Dorp / Town: *					
Kode / Code:					
Tel (Werk / Work):					
Tel (Huis / Home):					
Cell: *					
Informasie deur / Information by:	WhatsApp	SMS	E-Pos / Email		
E-pos / Email: *					

BOSTAANDE INLIGTING IS VOLLEDIG EN KORREK. EK DOEN HIERMEE AANSOEK OM LIDMAATSKAP VAN SAVE NGWATHE EN ONDERNEEM OM DIE REËLS VOLGENS DIE GRONDWET VAN SAVE NGWATHE NA TE KOM. THE ABOVE INFORMATION IS COMPLETE AND CORRECT IN ALL ASPECTS. I HEREBY APPLY FOR MEMBERSHIP OF SAVE NGWATHE, AND UNDERTAKE TO ABIDE BY THE RULES CONTAINED IN THE CONSTITUTION OF SAVE NGWATHE

GETEKEN / SIGNEND: _____ TE / AT _____ DATUM / DATE: _____