

ID PHOTO

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# ACTIVE UNITED FRONT MEMBERSHIP FORM

No. 7 Eyethu Street Kwanokuthula Plettenberg Bay  
060 497 6125 \ 083 690 6677



Surname  FirstName

IDNumber  New  Renewal

Province  Region

Branch

Commencement date  Exp date

Telephone(W)  Telephone(H)

E-mail  Cellphone

Gender MALE  FEMALE  Language

ResidentialAddress

PostalCode

## DEPOSIT DETAILS

The completed Membership Form must be presented to the teller at the bank, with the bank deposit slip together with the correct amount.

Date:

Account Name:

Account Number:

Branch Code:

Total Deposit: R  -

Depositor's Name:

Contact Number:



**NOTE:** It is the responsibility of the member ensure that the amount is deposited in the bank. This form will not be accepted by AUF Local Structure Secretary without a bank stamp and receipt as proof of deposit.

## DECLARATION

*I solemnly declare that I will abide by the aims and objectives of ACTIVE UNITED FRONT, that I am joining the organisation voluntarily and without motives of material advantage or personal gain, that I agree to respect the Constitution and the structures and to work as a loyal member of the organisation, that I will place my energies and skills at the disposal of the organisation and carry out tasks given to me.*

Signature

Date