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FAMILY MEMBERSHIP

NAME OF CHILD:

DATE OF BIRTH: MALE / FEMALE

DISABILITY:

FATHER

MOTHER

TITLE:

SURNAME:

NAME:

ADDRESS:

POSTAL CODE:

OCCUPATION:

EMPLOYER:

TELEPHONE: WORK

TELEPHONE: HOME

CELLPHONE:

E-MAIL:

MEMBERSHIP FEE: R50.00 per person

Receipt number

I WOULD LIKE TO RECEIVE INFORMATION VIA:

E-MAIL

SMS