DR CHRISTIAN FOUNDATION

P O BOX 2544

Idutywa 5000

South Africa

Tel: 018 8086624

Email: drchristianfoundation@gmail.com

Official use
Name _____
Date _____
Signature _____

NPO 230-758

MEMBERSHIP APPLICATION FORM/RENEWAL FORM

Please submit via email to Sesethu at drchristianfoundation@gmail.com, or hand deliver

I hereby apply for membership of the abovementioned Organisation for the Annual year 2021-2022

Full names: …….
Name of the organization: ……..
Home address: ……
Physical address: ……
ID number: …….
Mobile number: ……
Email: ……

Type of membership
Individual ☐ Donor ☐ Staff ☐

New ☐ Renewal ☐

I can offer the following skills on a volunteer basis, if requested / required
Finance/Accounting ☐ Human Resource ☐ Media/Public Relations ☐

Legal ☐ Environmental ☐

I enclose a cheque/ cash for my Annual Membership fee **R50.00**

I have deposited my Subscription directly into: Capitec; Account number: **1538556039**

Please forward copy of deposit slip to Dr Christian Foundation

I am in agreement with the General vision and Mission of the Dr CF and will adhere to the conditions of the Constitution and maintain the Confidentiality of the Organisation.

SIGNED…… DATE……...

Igniting Excellence