



P/Bag X3
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St. Francis Bay
6312

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www.penguin-rescue.org.za

Friends of the African Penguin

PRINCIPLE MEMBER DETAILS: (Corporate Members, use the Company Contact Person as the principle member)

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
E-MAIL:	<input type="text"/>	HOME TEL:	<input type="text"/>
ADDRESS:	<input type="text"/>	FAX TEL:	<input type="text"/>
	<input type="text"/>	CELL PHONE:	<input type="text"/>
	<input type="text"/>		

SECONDARY MEMBERS DETAILS: Complete only the relevant sections

SPOUSES NAME:

CHILDRENS NAMES:	AGE:	CHILDRENS NAMES:	AGE:
<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"/>	<input type="text"/>	<input type="text"/>

MEMBERSHIP CATEGORIES:

Category	Annual Rate	Tick the relevant category
Individual	R100.00	<input type="checkbox"/>
Family	R200.00	<input type="checkbox"/>
Junior (Kids under 16)	R50.00	<input type="checkbox"/>
Student (Over 16 under 25) & Seniors (over 65)	R60.00	<input type="checkbox"/>
Corporate	R500.00	<input type="checkbox"/>
Name of Business (For Corporate members):		<input type="text"/>

Method of Payment (Indicate your method of payment by entering the amount paid in the relevant box)

	Amount	Date		For office use
Cash	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Cheque	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
Internet Transfer	<input type="text"/>	<input type="text"/>	Please fax or e-mail details to above address	<input type="checkbox"/>
Direct deposit	<input type="text"/>	<input type="text"/>	Please fax or e-mail details to above address	<input type="checkbox"/>

Our Bank Details: Standard Bank, Humansdorp.
Account Number: 281 402 019
Branch Code: 05 00 15

Membership is valid for a twelve month period. Rates for patron & benefactor membership on request.