

INDEPENDENT SOUTH AFRICAN NATIONAL CIVIC ORGANISATION



MEMBERSHIP FORM



ISANCO Member Details

SUBSCRIPTION	RENEWAL	DONATION
--------------	---------	----------

LANGUAGE	PERMANENT CARD	YES	NO
----------	----------------	-----	----

Title	Surname													
Full Names														
Identity Number														
Gender	Male						Female							
Residential Address										Code				
Postal Address										Code				
Cell no						Work no						Alt Number		
Email address														
Provincial Details														
Province						District								
local						Ward no								

Profession	Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Contracted <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Pensioner <input type="checkbox"/>
------------	----------------------------------	-----------------------------------	-------------------------------------	--	-------------------------------------	------------------------------------

Declaration

I, the applicant declare that I am joining ISANCO voluntarily, without motives of individual personal gains and the information supplied by me in this application is to the best of my knowledge correct and accurate. I acknowledge that this declaration forms the basis of my membership. I furthermore, give ISANCO permission to use my personal information for the purpose of administering the membership and for fulfilling the services for which I have registered. I also declare that I will abide by the Vision, Mission, Aims, Principles, Values and Ethics of ISANCO as out in the Constitution.

Payment fees

Membership p/year R20 per year R40 P/2 years R 60 P/ 3 years R 80 P/4 years
 Membership for 5 years R90 p/5 years

SIGNATURE: _____

Date: _____

Office use only		
Name & Surname		BANK NAME; FNB
Phone no.		ACC. NUMBER: 62934322976
Membership accepted/ declined		ACC. TYPE: Current Account