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APPLICATION FOR SOJUPAA MEMBERSHIP

JOIN SOJUPAA NOW!

GENDER: .....

NAME: .....

SURNAME: .....

RACE: .....

CONTACT NUMBER: .....

ID NUMBER : (not compulsory) .....

BANK: (not compulsory) .....

BANK ACCOUNT NUMBER : (not compulsory) .....

BRANCH: (not compulsory) .....

DATE FOR DEBIT ORDER: (not compulsory) .....

☐ OPTION 1 : R10.00 (TEN RAND ONLY) MONTHLY SUBCRIPTION FEE ION FEE (not compulsory)

☐ OPTION 2 : R120.00 (ONE HUNDRED AND TWENTY RAND ONLY) ONCE OFF SUBCRICPTION FEE PER YEAR (not compulsory)

PROVINCE : .....

TOWN / CITY : .....

AREA: .....

POSTAL CODE: .....

EMAIL ADDRESS: .....

I confirm that I joined SOJUPAA freely and voluntarily and that I will abide by SOJUPAA principles, values, aims and objects and policies. I authorise SOJUPAA to debit R10 subscription fee from my above mentioned account from the.....(date on which to start debit order).

SIGNATURE OF APPLICANT:

DATE:

The name of SOJUPAA member completing this form:

SIGNATURE:

DATE: