



APPLICATION FOR MEMBERSHIP

It is a condition of membership that SPCA members are deemed to be aware of and to be bound to the SPCA's Constitution and Statement of Policy and any amendments thereto.

Please tick the relevant box:

<input type="checkbox"/>	New Member	<input type="checkbox"/>	Renewal
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<input type="checkbox"/>	Corporate Member	R	annually
<input type="checkbox"/>	Life Member	R	once off
<input type="checkbox"/>	Pensioner Member	R	annually

<input type="checkbox"/>	Junior Member	R	annually
<input type="checkbox"/>	Ordinary Member	R	annually
<input type="checkbox"/>	Donation	R	

DETAILS:

Name & Surname:	
Residential Address:	
Postal Address:	
E-mail Address:	
Telephone Numbers (H):	(C):

I hereby adopt the SPCA Statement of Policy as my own manifesto and agree to strictly adhere to and advance the commitments therein contained. I also understand that membership is not a given and that the SPCA has the right to refuse membership.

Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Membership Number:	Membership	Approved	<input type="checkbox"/>
Reason (if declined):		Declined	<input type="checkbox"/>
Membership Fees:	Receipt Number:		
Date Received:			

Witness for Society: _____ Signature: _____

BANKING DETAILS:

ACCOUNT NAME: SPCA Wellington
BANK: Nedbank
ACCOUNT TYPE: Checque
ACCOUNT NUMBER: 1022002074
BRANCH: Wellington
BRANCH CODE: 198765
REFERENCE: (SURNAME and 'MEMBERSHIP')

Please complete this form and email or fax it together with proof of payment to:
treasurer@wellingtonspca.co.za

All membership fees, with the exception of Life Membership, are due and payable annually on 01 April of each year.

THANK YOU FOR YOUR SUPPORT