



UNITED HANDS OF HOPE

Love is not a feeling it's an act of your will

Cluster Box 23245 Verulam 4340 Tel : 032 5330942

MEMBERSHIP APPLICATION FORM

<u>Personal Details</u>			
Name :	_____		
Address :	_____	Postal :	_____
	_____		_____
	_____		_____
Tel (H) :	_____	(W) _____	(Cell) _____

<u>Association to other organizations</u>			
Name :	_____	Contact Person :	_____
Address :	_____	Contact Details :	_____
Nature and or Activities of said organization _____			

Approval from Organisation : _____			

<u>Membership Fees</u>	:	Monthly Pledge	_____
		Payable	Monthly / Annually
		Method of Payment	_____
Account Name	:	United Hands of Hope	
Banking Details	:	Standard Bank – Pinetown	
Account Number	:	250341654	
Branch Code	:	045626	
State briefly your reason for application for membership _____			

Type of membership required : _____			
(Would you like to be actively involved in the work we do or do you prefer to provide us with financial support)			

<u>Declaration</u>	
<i>I hereby declare that I have read and understand the conditions of my membership as detailed out in the constitution of the above organization. By signing of this membership form, I pledge my support to the above organization in achieving its objectives as set out in section 2 of its constitution. I agree to abide by the rules of the organization, and to conduct myself in an appropriate manner. I understand that I may not at any time make representation in the name of the organization to any person or organization in a attempt to solicit donations or sponsors in either cash or otherwise without the explicit permission of the executive committee, which has to be reduced to writing on a official letterhead.</i>	
Signature :	_____
Date :	_____

<u>Approval by Executive Committee</u>	
Membership granted by	_____ Signed _____
Authorised by Chairman	_____ Signed _____
Membership No	_____