



AFRICAN CHRISTIAN DEMOCRATIC PARTY

P O Box 1677, ALBERTON, 1450 Tel: (011) 869 3941 Fax: (011) 869 3942 Email: acdpnat@iafrica.com

ACDP

APPLICATION FOR MEMBERSHIP

Please tick appropriate box

I.D. Number

NEW MEMBER:

RENEWAL:

RECRUITED/RENEWED BY:

N.B. Membership subscription valid from 1 January to 31 December and is payable annually

I.D. NO: KNOWN AS:

SURNAME:

TITLE: FIRST NAMES:

Please tick appropriate box

| | | | |
|-----------------------|----------------------------|--------------------|---|
| MARITAL STATUS: _____ | RESIDENTIAL ADDRESS: _____ | CONTACT DETAILS: | MEMBERSHIP FEE (R10.00) <input type="checkbox"/> |
| OCCUPATION: _____ | _____ | HOME: (____) _____ | <input type="checkbox"/> WOMEN OF DESTINY (R10.00) |
| HOME LANGUAGE: _____ | _____ CODE: _____ | WORK: (____) _____ | <input type="checkbox"/> YOUTH FOUNDATION (FREE) |
| NAME OF CHURCH: _____ | POSTAL ADDRESS: _____ | CELL: _____ | <input type="checkbox"/> SENIORS LEAGUE (R10.00) |
| _____ | _____ CODE: _____ | FAX: (____) _____ | <input type="checkbox"/> DONATION OF R _____ IS HEREWITH SUBMITTED |
| | | EMAIL: _____ | TOTAL PAYABLE: R _____ |
| | | | PAYMENT BY: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> |

I, the undersigned, hereby agree to adhere to the Constitution and Rules of the African Christian Democratic Party (ACDP):

Signature

Date

FOR OFFICE USE ONLY

Ward: _____ Branch: _____

Region: _____

DEBIT ORDER INSTRUCTION

I am prepared to make a monthly financial contribution and therefore authorise the ACDP/THREE PEAKS, P O Box 1677, Alberton, 1450, to debit my bank account in accordance with the details below:

THE AMOUNT OF R _____ IS TO BE DEDUCTED ON THE 1ST* OR 7TH* DAY OF EVERY MONTH.

BANK: BRANCH:

BANK ACCOUNT NUMBER:

BRANCH CODE: ACCOUNT TYPE:

I/We agree to pay any PENALTY/BANK CHARGES relating to this debit order instruction. This authority may be cancelled by me/us by giving thirty (30) days notice in writing, sent by prepaid registered post. I/We understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force.

A cancelled cheque should be attached for bank identification purposes (Current Accounts only). * Tick the date most suitable

Signature

Date



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NAME: _____
BRANCH: _____
PROVINCE: _____

MEMBERSHIP CARD

Membership valid until 31 December 20____ (Please Renew Membership Annually)