



PROFILE NO:

Eagle Team Membership Application Form

Please complete and fax to Eagle Team +27 (0)41 365 4917

****Please use BLACK PEN and PRINT clearly****

MEMBERSHIP DATE: GNLD ID (if known).....

NAME & SURNAME:

PARTNER'S NAME & SURNAME:(if applicable).....

YOUR DATE OF BIRTH:..... PARTNER'S:.....

HOME ADDRESS:.....

.....POST CODE:

POSTAL ADDRESS:

.....POST CODE:

PHONE NO :(home) (.....) (work) (.....)

(cell) (e-mail)

NAME OF SPONSORS:...David and Heide Body

SPONSOR'S TEL NO:...031-764-1014 / 083-534-1458.....GNLD ID:...26-5004186

TEAM NAME:...Berg Eagles...TEAM NO:...0603055...PROFILE NO:...242148

**Initial Enrolment Fee: R100. (R30 Starter Pack + R70 for 12 months Membership)
Second and subsequent years Membership renewal: R70.**

Please tick: Initial Enrolment.....

Membership renewal.....

Cash payment

In SA Rand only, by bank transfer (Please fax proof of payment with this form)

Bank: FIRST NATIONAL BANK Branch: ADDO Branch code: 211017
Account number: 515 1001 1095 Account name: EAGLE TEAM MEMBERSHIP

Credit Card payment

Please debit my (.....) Credit Card with the amount of R100-00

Print Name of Holder:.....Card Number:.....

Expiry date:.....CCV number (last 3 digits at back of card):.....

SIGNATURE.....

PARTNER'S SIGNATURE.....

(if applicable)

FOR OFFICE USE ONLY. DATE CAPTURED:LABEL:CARD: