

AFRICAN HEART CONGRESS



7880 Ext 7 Impangele Street

Ivory Park

Midrand

1635

Cell: 081 257 7439

Tel: 010 065 1813

Email: africanheartcongress@gmail.com

Info@africanheart.org.za

MEMBERSHIP APPLICATION FORM (ALL 9 PROVINCES)

Indicate purpose by specifying whether to join/renew lapse or terminated status.

NEW ()

Lapse ()

Terminated ()

SURNAME.....NAME

ID NumberSerial Number..... Gender

Physical Address:.....code.....

Contact Number Branch Name

Ward Last date of membership

Joining Fee Renewal Fee

MunicipalityTownship / village Province.....

BANK DETAILS SUBSCRIPTION ACCOUNT

BANK NAME : FIRST NATIONAL BANK
 ACCOUNT HOLDER AFRICAN HEART CONGRESS
 ACCOUNT NUMBER : 62904194347
 BRANCH: KEMPTON PARK

<u>BRANCH NAME.....</u>	<u>CHEQUE DRAWER</u>	<u>Notes</u>
<u>TELLER& STAMP</u>	NAMES 1 CASH Depositor's Name 2 Signature	<u>COINS</u> <u>SUB – TOTAL</u> <u>GRAND TOTAL</u>

Having acknowledged the solemn Declaration of the AHC I . agree that , as a member, I solemnly declared that I will abide by the aims and objectives, principles resolutions and / or policies or circulars arising as enshrined in the AHC Constitution upon committing myself to sign in my name in the solemn declaration of membership governing the conduct of AHC Membership. That I Join AHC Voluntarily and without motives of material advantage or personal gain should my application be accepted.

Signature..... Date

SLOGAN

"Dillo tsa batho a dikwagale"

"Izikhelo zabantu mazizwakale"

"People's issues must be heard"