

Klipriviersberg Nature Reserve Association

Membership Application

Title:	First Name:	
Initials:	Surname:	
Work phone:	Cell phone:	Home phone:
E-mail:		
Postal address:		
CODE:		
The Association undertakes to keep the above contact details confidential. Contact details will be used only for purposes of communicating with members and for advising them of functions, events and other information directly relevant to the Association and to the Klipriviersberg Nature Reserve.		

I,, ID Number, the undersigned being a South African Citizen (South African Permanent Resident) hereby apply for membership of the Klipriviersberg Nature Reserve Association and agree to be bound by the provisions of the KNRA Constitution as applicable from time to time.

I agree to keep the KNRA informed of any change in my personal details.

Signature: _____

Date: _____

FOR OFFICE USE:

APPROVAL BY THE EXECUTIVE COMMITTEE:

Signature: _____

Date: _____