

Witzenberg Motorklub

2020 MEMBERSHIP

APPLICATION / RENEWAL OF MEMBERSHIP

SURNAME: :

FULL NAMES :

DATE OF BIRTH dd mm yy

ID NUMBER:

SPOUSE/PARTNER: NAME AND ID NO

DATE OF BIRTH: dd mm yy

NAMES AND DATE OF BIRTH. CHILDREN :

1. dd : mm : yy

2. dd : mm : yy

3. dd : mm : yy

HOME ADDRESS : POSTAL ADDRESS

CODE: CODE:

OCCUPATION SELF :

SPOUSE/PARTNER

TELEPHONE : HOME :

WORK :

FAX :

CELL: SELF: SPOUSE/PARTNER.....

E MAIL: SELF: SPOUSE/PARTNER

SIGNATURE :

DATE :

OFFICIAL USE

MEMBERSHIP NO : / 2020

PAYMENT RECEIVED : CASH ELECTRONIC

2020 MEMBERSHIP : **MEMBERSHIP PER YEAR** **R300-00**
AFTER 30 AUGUST **R150-00**

ACCOUNT NUMBER.: **FNB PIKETBERG :** **625 2079 0892**

MAIL TO : **wbmoklub@gmail.com**