



Yes, I would love to contribute to the work undertaken by your Association and will support you in the following way:

(Please tick appropriate blocks)

Individual Membership	<input type="checkbox"/>	R100 per annum	Family Membership	<input type="checkbox"/>	R100 per annum
			(Parents &		
Life Membership	<input type="checkbox"/>	R1 000 once-off	Senior Citizen	<input type="checkbox"/>	R50 per annum
Corporate Membership	<input type="checkbox"/>	R5 000 New per annum	R2 000 Renewal per annum	<input type="checkbox"/>	R10 000 Life Membership
				<input type="checkbox"/>	

A single donation of R _____

A monthly donation of R _____

Date _____

Signature _____

(Please print)

SURNAME (Mr/Mrs/Ms/Dr) _____

FIRST NAME _____

ADDRESS _____

_____ POSTAL CODE _____

<input type="checkbox"/> Business
<input type="checkbox"/> Residence
<input type="checkbox"/> Cellular
<input type="checkbox"/> E-mail
Identity Number

We thank you for your support!

BANKING DETAILS:

Account Name: **KZNCPA**

Bank: **FNB [Current Account]**

Account Number: **508 11 33 0451**

Branch: **22-16-26 [Pinetown]**



P O Box 10213 Ashwood 3605

Telephone: +27 (0)31 942 3867 Facsimile: +27 (0)866 153 913

Email: info@kzncerebralpalsy.co.za Website: www.kzncerebralpalsy.org.za

Our Association is a registered Non-Profit (002-154 NPO) and Public Benefit Organisation (PBO 930000042) with Section 18A Tax Exemption Status