

SAVE A COPY OF THIS DOCUMENT TO YOUR COMPUTER.
After Completing The Form, E-Mail It To treasurer@salegionpe.co.za



Not for ourselves
But for others

Patron-in-chief:
THE PRESIDENT

SOUTH AFRICAN LEGION

PORT ELIZABETH BRANCH

P O Box 7681, Newton Park

Port Elizabeth 6055

Telephone: 0721243303

Email: treasurer@salegionpe.co.za

NEDBANK Account No 1213053633

Branch Code 121317



Nie vir onself nie
Maar vir andere

Hoofbeskermheer:
DIE PRESIDENT

APPLICATION FOR MEMBERSHIP

Surname: First Names:

Hereby applies for membership, agreeing, if elected a member, to abide by the rules and at all times to do my utmost to support the officials and committees and further the interest of the South African Legion.

ID No: POSTAL ADDRESS:

Telephone/Cell Phone: City /Postal Code:

Home Address:

E-Mail Address:

Occupation: Gender: Male? Female?

Married: Yes: No: Status: Single: Widow: Widower:

Spouse/Partner Name: Contact details:

Unit: Force/Regimental No.:

Rank: Date of Attestation: Date of Discharge:

Theatres of service:

Decorations: Medals:

Are You In Receipt Of A Military Disablement Pension? YES: NO:

If Yes, Please Qualify:

I am interested in: [Tick]

RELIEF <input type="checkbox"/>	MEMBERSHIP <input type="checkbox"/>	PUBLICITY <input type="checkbox"/>	EXECUTIVE <input type="checkbox"/>
HOUSING <input type="checkbox"/>	FUND RAISING <input type="checkbox"/>	ENTERTAINMENT <input type="checkbox"/>	

Subscription Fees payable by cash, cheque or EFT – see banking details in the Heading.

Subscription: R60.00	Springbok Magazine: R20.00	TOTAL: R80.00
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This document was completed by: ID No:

REQUIRED PROPOSER'S NAME: MEMBER: YES No

If there is no Proposer then you will be required to attend an interview with the Executive

Approved/Rejected by the Executive Committee on : _____