

MEMBERSHIP APPLICATION FORM 2024

NAME	MR	MRS		MISS	
ADDRESS					
TEL NUMBERS	CELL		HOME/WOR	K	
PROPOSED BY		SECONDED B	Υ		

I, the undersigned, hereby make application for membership of the Transvaal Cat Society as an Ordinary/Pensioner/Junior Member (please indicate where applicable)

I agree to accept as final the decisions of the Committee in respect of my application and to abide by the Society's Rules and Regulations, if elected.

DATE		SIGNATURE					
If applying for Junior/Pens	ioner membership, please	state date of birth:					
Signature of Parent or Gua	ardian (if Junior member): _.						

Schedule of Fees:

Ordinary Member	Annual Subscription	R40.00
Joint Members (partners)	Annual Subscription	R50.00
Junior Member	Annual Subscription	R15.00
Pensioner Member (65 & over)	Annual Subscription	R25.00

Banking Details:

Transvaal Cat Society, ABSA Bank, Account Number 710811628

Queries:

Helen Griffiths, Membership Secretary: 082 567 6416 <u>helengriffiths50@gmail.com</u>

