



BRANCH:

Full Names:

Residential Address:

..... **Code:**

ID NUMBER: **Date of Birth:**

GENDER: **OCCUPATION:**

TEL: **FAX:**

CELL: **EMAIL:**

PROVINCE: **REGION:**

DISTRICT: **MUNICIPALITY:**

I hereby apply for ARISE VUKA SA membership and agree to abide by the constitution and decisions of the party as well as electoral acts and regulations. State any previous political party membership and years of service

.....
Signature

.....
Date:

CONTRIBUTION

Membership Card Fee: R20

Donation: R.....

State any other contribution you can give to ARISE VUKA SA

.....

FOR OFFICE USE ONLY

Membership Number:..... Province:.....

Initials and Surname: Region:

ID Number: District:

Amount Received: Municipality:

Date Received: Ward:

Name of Official: Branch:Town:.....

Signature: Date Joined:.....