



## FRIENDS GROUP & AFFILIATE MEMBERSHIP

### Application for new and renewal members

WESSA Membership office Tel 031 201 3126 Email wessamembers@wessa.co.za

National Friends Group Advisor Tel 012 667 2183 Email friendsnylsvley@mweb.co.za

Tick whichever applies	Friends Group	Affiliated Organisation	Date of application
<p><b>Friends Group &amp; Affiliate membership rates 1 April 2016 – 31 March 2017:</b> The fee per annum is R 525.00. This includes: WESSA membership; the use of the WESSA Friends Group or Affiliate Member Logo; quarterly editions of <i>African Wildlife</i> and <i>EnviroKids</i> magazines; e-communications WESSA LIFE, quarterly National Newsletter and activity newsflashes. For more detailed information, refer to the document '<i>Benefits &amp; Basic Principles of becoming a WESSA Friends Group or Affiliate</i>'.</p>			
<b>NAME OF MEMBER GROUP OR ORGANISATION</b> Please print if completing by hand			
Name of Group or Organisation in which membership is / will be held		New	
		Renewal	
Membership Number (if a renewal)			
<b>CONTACT DETAILS</b>			
Main contact person			
Landline		Cell	
E-mail		Fax	
Physical Address			
Postal address			
Website			
<b>GENERAL INFORMATION</b>			
Chair   Coordinator			
Other committee members			
Approx. number of members		Date Formed	
Is the organisation non-profit?		NPO Reg. No.	
General description of the group or organisation and its work			
Please provide copy of constitution			
Media	Facebook	Blog	
	Newsletter	Other	
<b>PAYMENT DETAILS</b>			<b>Date of Payment</b>
<p>ACCOUNT NAME: WESSA Membership NAME OF BANK: First National Bank          BRANCH: Howick BRANCH NO: 22-07-25 ACCOUNT NO: 62 219 969 732          DEPOSIT REFERENCE: <i>Name and membership number if existing member</i></p>			<p><b>Send payment with this form via post, fax or email to:</b></p> <ul style="list-style-type: none"> <li>Pvt. Bag X007, Howick 3290</li> <li>Fax to email: 086 519 2018</li> <li>Email: wessamembers@wessa.co.za</li> </ul>
Debit order	Cheque	EFT or Direct deposit	Credit Card
			Print name of cardholder:
Contact the WESSA membership office	Cross and make payable to WESSA	Name & MB no. as deposit ref.	Signature:
CREDIT CARD NO.			CVV No
			Expiry date

THANK YOU FOR JOINING / RENEWING YOUR MEMBERSHIP WITH WESSA