

MEMBERSHIP FORM

NEW MEMBERSHIP	RENEWA	L CH	ANGE OF DETAILS	
SECTION I: MEMBER CONTACT IN	NFORMATION			
TITLE Mr	Mrs	Miss	Ms	
NAME				
ADDRESS I				
ADDRESS 2				
ADDRESS 3				
TOWN / CITY		MOBILE PHONE		
ZIP CODE	PRIMARY EMAIL			
OCCUPATION		SECONDARY EMA	AIL	
DATE OF BIRTH		ID NUMBER		
SECTION 2: MEMBERSHIP AND PA	YMENT DETAIL	s		
MEMBERSHIP TYPE	MEMBERSHIP T	ERM	MEMBERSHIP FEE	Please Check
ADULT	Full year : I January to 31 December		R200	
	Half year : I July to	31 December	R100	
FULL-TIME STUDENT / SCHOLAR	Full year : I January to 31 December		R100	
	Half year : I July to 31 December		R50	
PENSIONER	Full year : I January to 31 December		R100	
	Half year : I July to 31 December		R50	
PAYMENT METHOD	Cash O	nline Payment *		1
Please use full Name & Surname as reference	for online payments	**NO CASH DEPOSI	TS**	
	NATIONAL BANK	CHEQUE ACCOU		CODE: 250655
SECTION 3: MEMBER CONSENT				
PERMISSION TO USE PHOTOGRAPH Photographs and/or video clips of Franklin P			embers may be used in various FPG	CT communications
including the newsletter, website and Faceboo		• '	•	
without identifying individual members. For in		•	dicate your permission for use:	
☐ FPCT has my permission to use and identi ☐ FPCT does not have permission to use an				
FPCT must contact me before using any ic	, ,		inications.	
SECTION 4: ACCEPTANCE I hereby agree to be bound by Franklin Play	ors Community Th	eatro (EPCT) rulos	and regulations as set out in the se	ocioty's constitution
available on request and at www.franklin.org.z	-		=	•
regulations as set out therein and agree to co	mply with them.			
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Date:		Signature:		