

MEMBERSHIP FORM



GRAHAMSTOWN RESIDENTS' ASSOCIATION			
• <i>Going forward together</i> •			
PAYMENT DETAILS		NEW MEMBER? Y / N	
R10 Paid Y / N	Other Donation Y / N	Amount R	

WHO ARE YOU?					
First Name*				Last Name*	
Title	Mr/ Mrs/ Ms/ Dr/ Prof/ Other				
Date of Birth	DD/ MM/ YYYY	/	/	Age	yrs Male / Female
Organisation you work for					
WHERE DO YOU LIVE?					
Home Address*					
Postal Address					
Ward (If you know your Ward number please add it here)				Ward Number :	
HOW DO WE CONTACT YOU?					
Cell Phone Number*					
Home Phone Number					
Work Phone Number					
Other Phone Number					
EMAIL ADDRESS					
HOW SHOULD WE TALK TO YOU?					
I prefer.....	EMAIL			SMS	
Which is your first language?	ENGLISH		isiXHOSA		AFRIKAANS
Our main style of communication is to send Emails written in English. As we develop we will accommodate more choices.					
DATE OF JOINING					
Day		Month		Year	

PLEASE NOTE:

- Items marked * are essential. Ideally we need an email address as well.
- You should be offered a receipt for any cash payment accompanying this form
- If you prefer, you can make your payment electronically by EFT (details below)
- Whilst GRA only charges R10 for 3 years membership, we rely on those who can afford to do so to make a monthly voluntary contribution in the range R50 up to maximum R300.
- Your details will not be shared with anyone except with your express permission (full details on our web site: www.grahamstownresidentsassociation.co.za)

▶▶ **To EFT** ▶ Account Name: **GRA** ▶ **Standard Bank** ▶ branch **051001**
 Account Number **183117247** ▶ **Our Reference: surname, initials** ◀◀