_____
(Name and Surname of Recruiter)

_____
(Recruiter`s Identity Number)

_____
(Recruiter`s Contact Number)

_____
(Recruiter`s Ward Number and Name of Place)

_____
(Recruiter`s Signature)

ARISE AFRIKA ARISE

Membership Number

MEMBERSHIP APPLICATION FORM

I, the under-signed hereby apply to join **ARISE AFRIKA ARISE INDEPENDENT CONGRESS (AAAIC)** on and upon the following terms and conditions, that :-

1. I am joining the organization freely and voluntarily.
2. I am so joining the organization without any returns of favor of whatsoever from the organization.
3. My membership status shall be determined and confirmed by the Brach Executive Committee (BEC) of the Ward in which I reside, if any, and or, by the Regional Executive Committee (REC) of the region in which I reside, if any, and or by the Provincial Executive Committee (PEC) of the province in which I reside, if any and or by the National Executive Committee (NEC), as the case may be.
4. I shall pay annual membership fee of **R30.00** per annum, which is payable by no later than 30th March of each year, and as determined by the NEC from time to time.
5. I understand that my membership with the organization automatically comes to an end, and or lapsed if I failed and or omit to pay annual membership fees.
6. I commit to adhere to, comply with and respect all the provisions of the organization`s Constitution, together with all related Rules of procedure, practice and internal policies of the organization.
7. I shall acquaint myself with all policies and the Constitution of the organization, which documents and or information is/are accessible online.

PERSONAL PARTICULARS OF THE APPLICANT			
Title	Mr / Mrs / Miss / Prof. / Dr	**PHYSICAL ADDRESS**	**POSTAL ADDRESS**
Surname			
Full Names			
Identity Number			
Home language			

SIGNED BY ME ON THIS _____ DAY OF _____ 202____ at Ward Number: _____ of the Municipality of
(Date) (Month (Year) (Ward Number)

_____ for the province of _____
(Name of the municipality) (Name of the Province)

REASON FOR PAYMENT (Mark applicable box with "X")						
Subscription			Fund Raising / Donation		Membership Renewal	
Amount paid	**R**_____	Banking Details		**BANKING DETAILS** Beneficiary : **ARISE AFRICA ARISE** Bankers: **First National Bank (FNB)** Account Number: **63162198379** Type of Account: **GOLD BUSINESS ACCOUNT**		
		Comments				
For Office use only						
		(Signature)				