



African National Congress MEMBERSHIP APPLICATION FORM

Please complete and return this form to the appropriate ANC Provincial Membership Officer.
See attached sheet for explanation of Membership Application Form and list of ANC Provincial Membership Officers.

Surname:

First names:

Membership Category: Membership Type:

Identity Number:

Subscription amount: R Donation amount: R

New member: Renewal Previous Card No.

Branch: Province:

Date of birth: Sex: Male Female

Language: Occupation:

Address: Home:

Postal:

Work:

Telephone: Home: Work:

Fax: Cellular: E-mail:

I am over 18 years of age and I, the above, solemnly declare that I will abide by the aims and objectives of the ANC set out in the Constitution and the Freedom Charter; that I am joining the organisation voluntarily and without motives of personal gain or material advantage, and that I will participate in the life of the organisation as a loyal, active and disciplined member.

Signature: _____ Date: _____