Attach
ID Photo
Here

ANC WOMEN'S LEAGUE
MEMBERSHIP APPLICATION FORM

Surname | First Names

ID Number | Subscription | Donation | Renewal

Province | Branch

ANC Card No. | Expiry Date

ANCWL Card No. | Expiry Date

Renewal Date | Previous Card No.

Residential Address

Postal Code

Telephone | Fax

E-mail | Cellphone

Home Language | Occupation

I am over 18 years of age and solemnly declare that I will abide by the aims and objectives of the ANC and the ANC Women's League as set out in its Constitution and the Freedom Charter. 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 and disciplined member.

Signature | Date

Name of Recruiter

AMOUNT DEPOSITED **R**

Teller Stamp and Initial

NOTE: **It is the responsibility of the member/prospective member to ensure that the subscription amount is deposited in the bank. This form will not be accepted by any ANC Women's League office without a bank stamp as proof of deposit.**

PLEASE TEAR/CUT ALONG THE LINE

First National Bank
A division of FirstRand Bank Limited

DEPOSIT SLIP

Date: Y Y Y Y M M D D

Account Name:	**ANC WOMEN'S LEAGUE**
Account Number:	**62000156308**
Depositor's Name: Subject to the conditions below	
Contact Number:	

Signature

Bank Stamp

Cheques and other similar payment instruments which are received by the Bank for collection on behalf of the account holder are available as cash only when paid by the issuer. The Bank may allow the account holder to draw against these uncleared instruments, but this will not give rise to any claim against the Bank. The Bank, at its discretion, is entitled to debit the account holders account with the amount of any unpaid or dishonoured instruments. The Bank cannot accept responsibility for ensuring that depositors or account holders have lawful title to instruments received for collection and whilst making every effort to ensure safekeeping, the Bank cannot be held responsible for instruments lost, stolen or destroyed while in any stage of collection. The Bank expects information furnished by or on behalf of the account holder to be correct and has no duty or responsibility to check such information.

AN AUTHORISED FINANCIAL SERVICES PROVIDER
REGISTERED BANK REG NO 1929/001225/06

Total Deposit:	**R**	–
Transaction Ref:		W L F
Total Cash:	**R**	
Cheques Deposited	**Branch Code**	
1.		**R**
	Total Deposit:	**R**

Kindly ensure that these two totals agree