

MEMBERSHIP APPLICATION FORM



MILITIE
ZONDER GRENZEN

Return this form to:

.....(Branch Name)

Members are encouraged to make a small annual donation to their branch Sergeant-At-Arms to help cover office expenses.

PERSONAL DETAILS (please print clearly in letters and complete all sections)

TITLE: MR MRS MS MX DR OTHER

SURNAME

GIVEN NAMES

POSTAL ADDRESS

PHONE NUMBER (landline)

PHONE NUMBER (mobile)

FAX NUMBER

EMAIL ADDRESS

BIRTH DATE (dd/mm/yyyy)

MALE

FEMALE

INTERSEX

DECLARATION

I hereby apply to become a member of Militie Zonder Grenzen.

I agree to be bound by the By-Laws of Militie Zonder Grenzen.

I am not excluded from membership by reason of my beliefs or acts as defined by the By-Laws of Militie Zonder Grenzen.

I will acquire the items listed on pages 4 and 5 of the Information Kit within one year of joining.

I possess a current first aid certificate from a reputable organization (attach photocopy of certificate to this form).

I am 21 years of age or older.

I declare that the information provided on this form is true and accurate.

SIGNATURE

DATE (dd/mm/yyyy)

Membership must be approved by the branch Sergeant-At-Arms.

OFFICE USE ONLY

Date received/...../..... Member #.....

Sergeant-At-Arms

Comments: