

Membership Renewal Form



Cape Mental Health
all about ability

Please tick the box for the type of Membership chosen:

Individual Membership (R50)

Name

Organisational Membership (R100) Company/Corporate Membership (R250)

Contact person (e.g. Secretary, Coordinator)

Exact title of Contact person (e.g. CEO/Director)

Name of organisation/company/corporate.....

Accreditation, if relevant (e.g. NPO, PBO, etc.)

Sector, if relevant (e.g. Disability, Early Childhood Development, Rehabilitation, etc.)

.....

Contact Details

Email.....

Postal address

.....

Postal code

Telephone (Home)

Telephone (Work)

Payment Details

Amount enclosed (Individual R50 / Organisational R100 / Company or corporate R250)

Payment by Cash Cheque Direct Deposit Electronic Transfer

Please send proof of payment, along with this form, to info@cmhs.co.za, fax 021 448 8475 or Cape Mental Health, Private Bag X7, Observatory, 7925. Please ensure that your name appears as the reference.

Signature Date

Account details

Account Name: Cape Mental Health Society • Bank: Standard Bank • Branch Name: Mowbray
Branch Code: 024909 • Account Number: 071273484 • Swift Address: SBZA ZA JJ