

# SAABERIE CHISHTY BURIAL SOCIETY



21 Dahlia Avenue Extension 2 Lenasia 1827  
(011) 854-4618 / 854-3166 ☒ 1727 Lenasia 1820



## MEMBERSHIP FORM

### PERSONAL PARTICULARS

Title:		Initials:	
First Names:			
Surname:			
Home Telephone:		Bussiness Telephone:	
Residential Address:			
Postal Address:			
Cell Number:		Fax Number:	
Date of Birth:		Occupation:	
I.D. No:		E.Mail Address:	
Introduced By:		Accepted By:	
Levy Amount:		Agents Name:	

### DEPENDANT 1: (Under the age of 21)

First Names:	
Surname:	
I.D. No:	
Date of Birth:	
Occupation:	
Gender:	Relationship:

### DEPENDANT 2: (Under the age of 21)

First Names:	
Surname:	
I.D. No:	
Date of Birth:	
Occupation:	
Gender:	Relationship:

### DEPENDANT 3: (Under the age of 21)

First Names:	
Surname:	
I.D. No:	
Date of Birth:	
Occupation:	
Gender:	Relationship:

### DEPENDANT 4: (Under the age of 21)

First Names:	
Surname:	
I.D. No:	
Date of Birth:	
Occupation:	
Gender:	Relationship:

I, the above named, do hereby apply for membership of the **SAABERIE CHISHTY BURIAL SOCIETY**.

#### I AGREE TO THE FOLLOWING:

- 1.) I faithfully pledge to promote the aims and the objects of the society and to abide by the constitution.
- 2.) To pay my enrolment fee as well as my monthly levies punctually as provided by the constitution.
- 3.) I shall notify the Secretary in writing of any change of my personal particulars and address, and I am aware that the onus to do so, rests upon me.
- 4.) All children over the age of 21 years or prior married must re-apply for individual membership.

DATE:.....

SIGNATURE:.....