



MEMBERSHIP RENEWAL / APPLICATION FORM

E-mail or mms this form and photo to: member@cope.national.com or fax to 086 617 5461

Please supply all relevant information and mark all appropriate boxes with X

Province:

District/Metro:

Local municipality:

Ward number:

Voting district:

Attach your passport Photo here if not Submitted electronically Or email us your Digital Head & shoulders photo With your ID Number in The subject line.

Official Use only

PERSONAL CONTACT DETAILS

First Name _____ Middle Name _____ Surname _____

Gender Male Female ID Number:

Residential Address: _____

City/Town/Village: _____ Postal Code:

Tel 1: _____ Tel 2: _____ E-mail: _____

In case of an Emergency, phone next of kin Name: _____

Relationship to member (e.g. Parent, spouse, friend) _____ Tel No.: _____

PLEASE TELL US A LITTLE ABOUT YOURSELF (THIS IS REQUIRED FOR STATISTICAL REASONS AND PARTY PROFILE PURPOSES)

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Divorced Widowed How many children _____

Race: Black Coloured Indian White Other Specify _____

Home Language: _____ Religion: _____

Last Institution of Learning Attended: _____ What year? _____

Area of Expertise/Experience: _____ Years of Expertise/Experience: _____

Occupation: _____ Employer: _____

Permanent: Contract: Temp: Unemployed: Current Position: _____

Previous Party Membership(s) _____ Date Terminated: _____

MEMBERSHIP FEE-TICK THE APPROPRIATE BOX. YOU CAN ALSO PAY FOR MORE THAN 1 YEAR MEMBERSHIP

Membership Fee Paid for:	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	If payment is done By bank deposit or EFT please use your ID Nr as reference COPE National Membership Acc: BANK : ABSA Branch: 632005 Acc: 407 803 3419
COPE Membership:	R30 <input type="checkbox"/>	R60 <input type="checkbox"/>	R90 <input type="checkbox"/>	R120 <input type="checkbox"/>	R150 <input type="checkbox"/>	
COPE WM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE YM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE SM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE B&P:	R100 <input type="checkbox"/>	R200 <input type="checkbox"/>	R300 <input type="checkbox"/>	R40 <input type="checkbox"/>	R500 <input type="checkbox"/>	
TOTAL Membership for:	R	R	R	R	R	

Bank Deposit Amount: _____

Payment to official: _____ Date Deposited: _____ EFT Reference: _____

Receipt Nr: _____ Receipt Date: _____ Official Signature: _____

DECLARATION

I hereby commit to signing the COPE Declaration and Code of Conduct upon Acceptance of my Membership application

Signed at _____ on this _____ day of _____ 20____

DECLARATION

Application Confirmed by: _____ For NT _____

Authorized for Processing by: _____ For GS _____