



MEMBERSHIP FORM

The Animal Welfare Society Port Elizabeth is the only animal shelter in Port Elizabeth which offers a safe place for all kinds of unwanted, lost or abandoned animals. As a member of our Society, you will support our commitment to promote the humane treatment of animals, reunite lost pets with their owners and provide protection care and shelter for unwanted and homeless companion animals.

I hereby apply for **Annual Membership** in the category ticked below covering **1 April** _____ to **31 March** _____ or **Life Membership**.

- | | |
|---|---|
| <input type="checkbox"/> Single annual: R120.00 | <input type="checkbox"/> Junior (under 14) annual: R20.00 |
| <input type="checkbox"/> Family annual: R150.00 | <input type="checkbox"/> Student annual: R20.00 |
| <input type="checkbox"/> Pensioner annual: R20.00 | <input type="checkbox"/> Corporate annual: R1000.00 |
| <input type="checkbox"/> Single Life membership: R1000.00 | <input type="checkbox"/> Double Life membership: R1500.00 |
| <input type="checkbox"/> I have enclosed my subscription of R _____. | OR |
| <input type="checkbox"/> I have paid my subscription of R _____ via Zapper | OR |
| <input type="checkbox"/> I will do an electronic transfer my subscription of R _____. | |



First National Bank; Branch Code 250655; Account Number: 54590054423 - Current Account; Account Name: The Animal Welfare Society Port Elizabeth.
 Reference: **Name & Surname + Year**.

(Please send proof of payment to your own email account and then forward it to donations@awspe.co.za so that we can acknowledge your membership subscription.)

I'd like to become a regular volunteer. Please contact me with information about the options: YES / NO

I am a new / existing member of The Animal Welfare Society Port Elizabeth.

Date _____ **Signature** _____

Please enter your details below:

Main Member

Title _____ Name _____ Surname _____
 Email _____

Contact Details:

Cell Work Home _____ ID Nr: _____

Additional Member

Title _____ Name _____ Surname _____
 Email _____

Contact Details:

Cell Work Home _____ ID Nr: _____

Children (if part of the family)

Name _____ Surname _____
 Name _____ Surname _____

Physical

Address _____

**Please
Initial**

I have read and accept the Animal Welfare Society PE's Privacy Policy in line with the Protection of Personal Information Act. The Policy is available on <https://awspe.co.za/pages/privacy-policy> and in the Shelter office.

For office use only:

Where is receipt: <input type="checkbox"/> Given to member <input type="checkbox"/> To be mailed	Receipt number:	Receipt date:	Amount received:	Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> EFT
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