

Friends of Golden Harvest Park

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APPLICATION FOR MEMBERSHIP OF FRIENDS OF GOLDEN HARVEST PARK

Full Name: _____

Physical Address: _____

Postal Address: P O Box No. _____

_____ Postcode: _____

Email Address: _____

Cell No.: _____

Home Tel No.: _____

Work Tel No.: _____

I wish to apply for membership of the Friends of Golden Harvest Park and agree to adhere to the bylaws of the Park.

Signature: _____ Date: _____

For Office use:

Subscription Amount:	R	Expiry date:	/ /
Key Amount:	R	Receipt No:	
Donation:	R	Key issued to:	Gate No
Total Amount received:	R	Signature:	