PLEASE ATTACH A PASSPORT-SIZE PHOTO HERE	African National Congress MEMBERSHIP FORM
PLEASE ATTACH A PASSPORT-SIZE PHOTO HERE	
Surname	First Name
ID Number	Subscription Donation Renewal
Province	Region
Branch	
Gender MAL	E FEMALE Permanent Card? Y N Language
Residential Address	
	Postal Code
Profession	Membership Category

DEPOSIT DETAILS

Telephone (W)

E-mail

The completed Membership Form must be presented to the teller at the bank, with the bank deposit slip together with the correct amount.

Telephone (H)

Cellphone

Date: Y Y Y M M D D		FNB
Account Name: ANC MEMBERSHIP FUND	Y	First National Bank
Account Number: 50420026079		
Branch Code: 25-07-05		
Transaction Ref:		
Total Deposit: R -		
Depositor's Name:		
Contact Number:	E	Bank Stamp

NOTE: It is the responsibility of the member/prospective member to ensure that the subscription amount is deposited in the bank. This form will not be accepted by any ANC office without a bank stamp and receipt as proof of deposit.

DECLARATION

I solemnly declare that I will abide by the aims and objectives of the African National Congress as set out in the Constitution, the Freedom Charter and other duly adopted policy positions, that I am joining the organisation voluntarily and without motives of material advantage or personal gain, that I agree to respect the Constitution and the structures and to work as a loyal member of the organisation, that I will place my energies and skills at the disposal of the organisation and carry out tasks given to me, that I will work towards making the ANC an even more effective instrument of liberation in the hands of the people, and that I will defend the unity and integrity of the organisation and its principles, and combat any tendency towards disruption and factionalism.

Signature

Date				
Dale				