



PO Box 26929, HOUT BAY, 7872
Tel number 076 792 8516 Fax number 021 413 1871

Email info@lionclub.co.za

Please print this membership form, fill in your personal details and post it to Friends of the Lion at the address displayed above or hand in with your payment to your nearest Pentravel location

Membership Application Form

Complete the section below and return it to us together with your annual subscription of R120. Once we have received your application form and payment we will process the information and send off your Membership Card and Protected Benefit. **This Protected Benefit means that in the event of a Serious Accident that causes serious injury or death to either party we will fly you to them or vice versa on a FREE compassionate ticket up to the value of R10 000**

PRINCIPAL MEMBER

SURNAME:

FIRST NAME:

POSTAL ADDRESS:

CODE:

EMAIL:

TEL (DAY TIME):

OVERSEAS NOMINEE

SURNAME:

FIRST NAME:

POSTAL ADDRESS:

CODE:

RELATIONSHIP:

Additional members

Should you wish to link yourself to other overseas people for the **Protected Benefit**, or should anyone else in your family wish to enjoy this protection complete the blocks below. Each block costs an extra R60 per nominee, and you are only covered to visit the person whose name appears below yours.

A

SA PERSON:

Covered to visit overseas nominee:

SURNAME:

FIRST NAME:

RELATIONSHIP:

ADDRESS:

CODE:

B

SA PERSON:

Covered to visit overseas nominee:

SURNAME:

FIRST NAME:

RELATIONSHIP:

ADDRESS:

CODE:

C

SA PERSON:

Covered to visit overseas nominee:

SURNAME:

FIRST NAME:

RELATIONSHIP:

ADDRESS:

CODE:

IF YOU ARE UNSURE HOW TO COMPLETE THIS FORM RING US ON **076 792 8516**

PAYMENT DETAILS

1 Please find my **CHEQUE** made payable to Friends of the Lion.

Subscription	R	120-00
Additional nominee Block A @ R60		
Additional nominee Block B @ R60		
Additional nominee Block C @ R60		
TOTAL DUE	R	

2 Please debit my **CREDIT CARD** as follows for R _____

Card type: _____ Card Number: _____ Expiry: _____
CVC: _____ (3 digits on back of card) Signature: _____ Date: _____

3 Please find faxed copy of my **BANK DEPOSIT** for R _____

» Fax copy of Bank Deposit to: 021 413 1871

Paid to: Standard Bank, Sandton Branch, Branch Code 019205, Account Number 022713395