



PO Box 26929, HOUT BAY, 7872
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MEMBERSHIP APPLICATION FORM

Complete the section below and return it to us together with your annual subscription of R150. 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 R15 000.**

Principal member

SURNAME: _____

FIRST NAME: _____

POSTAL ADDRESS: _____

_____ CODE: _____

EMAIL: _____

TEL: _____

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** complete the blocks below. Each block costs an extra R80 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 **payment**

Subscription	R150-00
Additional nominee Block A @ R80	
Additional nominee Block B @ R80	
Additional nominee Block C @ R80	
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) My Signature: _____ Date: _____

3 Please find faxed copy of my **BANK DEPOSIT** for R_____ Fax to (021) 790 8970

Paid to Standard Bank, Sandton Branch, Branch code 019205, Acc No 022713395