



MEMBERSHIP FORM

Please provide the required information by typing/hand-writing into the fields below. Once complete, please print the document, sign it, scan it, and then return via email to **info@kznpride.org**

1. Organisational details: (To be completed for organisational membership only)

Organisation name: _____

Registration no: _____

Physical Address: _____

Postal Address: _____

Tel No: _____

Email: _____

Website: _____

Social media links: _____

a. Contact details of two organisational representatives:

Name & Surname		Alternative	Name & Surname	
Position			Position	
Contact number			Contact number	
Email			Email	

b. Summary of applying organisation, include vision and mission statements:

c. Date of establishment:

2. Personal details: (To be completed for individual membership only)

Name & Surname: _____

ID no: _____

Physical Address: _____

Postal Address: _____

Tel No: _____

Email: _____

Social media links: _____

Consent by Authorised Representative on behalf of the Organisation/Individual (Delete either one)

Upon signature hereto, I hereby accept and abide to the KZN Pride Constitution, Code of Conduct and Ethic and Conflict of Interest policies.

THUS SIGNED AT _____ ON THIS THE _____ DAY OF

_____ 20_____.

FULL NAME

SIGNATURE