



SOUTH AFRICAN CONGRESS FOR EARLY CHILDHOOD DEVELOPMENT

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 Registered as a Not for Profit Organisation NPO Number 001-435

INDIVIDUAL MEMBERSHIP CARD NUMBER: _____

BENEFICIARY SUPPORT : R 5 000.00

Beneficiary support will ONLY be paid if membership is paid up.
 Membership must be renewed every 12 months.

Beneficiary Details: In the event of my death I nominate the following person to receive the proceeds of the benefit support in terms of this membership.

Name	<table border="1" style="width: 100%; height: 20px;"></table>	ID No.	<table border="1" style="width: 100%; height: 20px;"></table>
Surname	<table border="1" style="width: 100%; height: 20px;"></table>	CELL PHONE	<table border="1" style="width: 100%; height: 20px;"></table>

PERSONAL INFORMATION THIS COMPLETED MEMBERSHIP FORM AND PROOF OF PAYMENT MUST BE SUPPLIED UPON APPLICATION

Name	<table border="1" style="width: 100%; height: 20px;"></table>	INITIALS	<table border="1" style="width: 100%; height: 20px;"></table>
Surname	<table border="1" style="width: 100%; height: 20px;"></table>	LANGUAGE	<table border="1" style="width: 100%; height: 20px;"></table>
ID NO.	<table border="1" style="width: 100%; height: 20px;"></table>	CELLPHONE	<table border="1" style="width: 100%; height: 20px;"></table>
EMAIL	<table border="1" style="width: 100%; height: 20px;"></table>	REGION	<table border="1" style="width: 100%; height: 20px;"></table>
RESIDENTIAL ADDRESS	<table border="1" style="width: 100%; height: 20px;"></table>		BRANCH
	<table border="1" style="width: 100%; height: 20px;"></table>		CODE

Bank Details
 SA Congress for ECD (Prov: _____)
 Bank: _____
 Account number: _____
 Branch: _____
 Reference: Name Surname Branch

Application Date: _____

Member Signature: _____