



Member Details Form

Change of/new members details

To enable the PBHSOB Association the ability to process this form timeously and efficiently, please ensure that all relevant sections are filled out correctly and in full.

Member Details

Full names*

Surname*

Identity number Date of birth* - -

Telephone (home) - Cellphone*

Telephone (work) - Fax

Email address*

Profession

Type of membership

Life-Membership **Honorary Member**
R400.00 ONCE-OFF

School Details

Start year End year House (Mark with an X) ABE ARC ARM HOF MAT RIS SCH SOL SUN TOW

Physical Address

Number & Street

Suburb

City/town

Country Postal code

Postal Address

Box/Street

Suburb

City/town

Country Postal code

Member Declaration

Signature of applicant/member

Date - -

Signed at

Approved by