

Application for Statutory Membership



I hereby apply for Statutory Membership of the Cancer Association of South Africa (CANSA) :

Membership options (please mark with 'X' where applicable):

Life Membership		R500
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Annual Membership		R50
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PO Box 2121 Bedfordview, 2008
26 Concorde Road West Bedfordview, 2007
Telephone: 011-616 7662 Facsimile: 011-622 3424

Personal Details

First Name		Title & Initials	
Surname		I.D. No	
Email		Postal Address and Postal Code	
Mobile Number			
Telephone Number			
Province			
Business Unit			

Applicant Signature		Date	
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**Kindly fax your completed Membership Application Form to 011- 622 3424,
or email to info@cansa.org.za - together with your Proof of Payment**

Banking Details: Account Name CANSA Bank-Branch code ABSA Bank - 632 005 Account number 405 216 8751 Reference Title, Name & Town	Please note that all Membership Applications are subject to final approval
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For Office Use Only

Date application received at H/Office & signature of recipient	APPLICATION: APPROVED / REJECTED	Date:	Reason for rejection:
	Signature:		