



Cape Classic Association - Membership Enrolment

Please enrol me in the Cape Classic Association:

<input type="text"/>		<input type="text"/>	
Name		E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Date of birth (DD MM YYYY)		
<input type="text"/>	<input type="text"/>		
Street number and name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal code	City	Country	

I have received a copy of the statutes of the Cape Classic Association (Cape Classic Charitable Culture) or read the statutes of the Cape Classic Association on the website.

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Date	Signature

Accepted as a member by the board:

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Date	Signature of the board member

Board member

Collection Authorization

I hereby authorize the Cape Classic Association (Cape Classic Charitable Culture) - until revoked - to collect from my account...

a yearly contribution of 20.00 EUR
 an additional voluntary contribution of . ZAR quarterly bi-annual annual

in words: ZAR

<input type="text"/>		<input type="text"/>
Name and domicile of the bank		Bank code number
<input type="text"/>	<input type="text"/>	
Account number	IBAN	

This authorisation may be revoked at any time.

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Date	Signature of the account holder

We thank you very much for your contribution.