



APPLICATION for MEMBERSHIP

Website: www.bca.org.za

FoBCA is a registered non-profit organisation (No. 068-317)

(10/2019)

* indicates a compulsory field

NB - please write clearly

NEW membership RENEWAL of membership

All memberships are valid from 1 April to 31 March.

At the discretion of the FoBCA committee, those applying for the first time later in the year may be granted extended membership, valid until the end of the following 31 March.

*Do you require a membership card? Y / N
(NB - BBNR/FoBCA may confiscate expired cards.)

*FIRST NAME(S) AND SURNAME: _____

*ID number (SA) | | | | | | | | | | | | | | | | | | | | or Date of birth: ___ / ___ / ___.

*Email address: _____

*Contact number: _____ Alternative contact number: _____

Postal address: _____

Postcode: _____

Details of other family members (only for FAMILY membership):

Name: _____ ID no/DOB | | | | | | | | | | | | | | | | | | | |

Name: _____ ID no/DOB | | | | | | | | | | | | | | | | | | | |

Name: _____ ID no/DOB | | | | | | | | | | | | | | | | | | | |

Name to appear on cards (only for CORPORATE membership): _____

*Fields of interest: please tick all those that apply to you

- Battle of Blaauwberg Birds and butterflies Cultural Heritage
- Flowers and plants Green Coast Hacking (alien vegetation)
- Photography Surf Sports Trail running
- Walks and hikes Wildlife Youth activities
- Other: please specify _____

MEMBERSHIP TYPE AND FEES (fees are subject to change without notice)

TYPE	DESCRIPTION	1 year/5 years/10 years			*AMOUNT PAID
YOUTH	Child under 18 or dependant student	R30	R150	R300	R _____
PENSIONER	Senior individual over 60	R30	R150	R300	R _____
INDIVIDUAL	Individual	R80	R400	R800	R _____
FAMILY	2 adults & 2 children (or dependant student)	R100	R500	R1000	R _____
CORPORATE	Organisations only (4 cards issued)	R400	R2000	R4000	R _____
Donation	Any donations are appreciated, thank you				R _____

*PAYMENT METHOD: cash please hand your cash in with your completed form
 EFT please email your proof of payment to membership@bca.org.za

BANKING DETAILS: Bank name and branch code - First National Bank, Table View, 203 809
Account name and number - Friends of BCA, 740 7680 5702
Reference - your initials, surname and "new" or "renew"

*SIGNATURE: _____ *DATE: ___/___/___

I have read and agree to abide by the rules and regulations of Blaauwberg Nature Reserve.
BBNR and FoBCA reserves the right to withdraw membership and confiscate membership cards for any misconduct.

Please email your completed form to membership@bca.org.za or hand in at the Visitor Controller, Eerste Steen. If you have requested a membership card, notification will be sent via email when the card is ready for collection at the Security Kiosk, Eerste Steen. Thank you for your support! Unsubscribe from newsletters

For office use only: cash received by _____ date received _____
card page number _____ date issued _____