APPLICATION for FoBCA MEMBERSHIP

Friends of Blaauwberg Conservation Area

Website: www.bca.org.za FoBCA is on Facebook

Shaded areas are compulsory! NB - please write clearly!

☐ **NEW** **or** ☐ **RENEWAL**

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

The FoBCA membership year runs from 1 April to 31 March. All memberships expire on 31 March.
NEW members joining after mid-December may be granted extended membership at the discretion of the FoBCA committee.

MAIN MEMBER
NAME AND SURNAME: _____

ID NUMBER (SA) |_|_|_|_|_|_|_|_|_|_|_|_|_| or **DATE OF BIRTH:** __/__/__

EMAIL ADDRESS: _____

CONTACT NUMBER: _____ Alternative contact number: _____

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	4 cards issued for 4 adults each card	R400	R2000	R4000	R_____

Donation R_____ Any donations are appreciated, thank you.

PAYMENT METHOD: ☐ **CASH** please hand form and cash to Visitor Controller, Eerste Steen
☐ **EFT** please email form and 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"

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 _____

FAMILY MEMBERSHIP ONLY - details of other family members:
Name: _____ ID no/DOB |_|_|_|_|_|_|_|_|_|_|_|_|_|
Name: _____ ID no/DOB |_|_|_|_|_|_|_|_|_|_|_|_|_|
Name: _____ ID no/DOB |_|_|_|_|_|_|_|_|_|_|_|_|_|

CORPORATE MEMBERSHIP ONLY- name to appear on cards: _____

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.

The contents of this form will remain confidential and will only be used by FoBCA for internal purposes and we ensure compliance with the Protection of Personal Information (POPI) Act 4 of 2013. All necessary precautions will be taken to ensure compliance with POPI.

FoBCA is a registered non-profit organisation (No. 068-317) Thank you for your support! Unsubscribe from newsletters ☐

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

(07/2021)