

UMGENI RIVER BIRD PARK

- Membership Form -

Date: _____

Please select your title by making a cross (x) next to the appropriate box:

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>
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Surname: _____

Fill in the names of all adults & children, as well as their date of birth:

	Name	Date of Birth
1		
2		
3		
4		
5		

Postal Address:

Email Address: _____

Physical Address:

Contact Numbers:

	Name	Number
1		
2		

How would you like us to contact you? Please cross (x) next to the appropriate box:

Email	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Snail Mail	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Annual Membership: Please select your desired membership:

Membership	Fee	Select
Family Membership (2 Adults & 2 Children)	R 300.00	<input type="checkbox"/>
Adult	R 150.00	<input type="checkbox"/>
Child (From 4 – 12 years) (Infants 0 – 3 years FREE)	R 100.00	<input type="checkbox"/>
Pensioner	R 100.00	<input type="checkbox"/>

Office use only:

EXPIRY DATE: _____

MEMBERSHIP #: _____ WELCOME LETTER: _____ CERTIFICATE: _____

MEMBERSHIP CARD: _____ NEWSLETTER: _____