



MEMBERSHIP/RENEWAL FORM

All prospective members of WCKAC are required to complete this registration form. Indicate any changes; Membership runs from January 1st. NEW MEMBERSHIP RENEWAL CHANGE OF DETAILS

SECTION 1: MEMBER INFORMATION

TITLE:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
FULL NAME :				
NICK NAME:		ID NUMBER:		
DATE OF BIRTH:		AGE:		MOBILE PHONE:
ADDRESS:				PRIMARY EMAIL :
ADDRESS:				SECONDARY EMAIL:
TOWN/CITY:				MEDICAL AID NR:
POSTAL CODE:				NEXT OF KIN:
OCCUPATION:				MOBILE PHONE:

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP Fee's (Annual)	Please Check
NEW	New Membership	R500	
RENEWAL	Renewal of Membership	R300	
PAYMENT METHOD	<input type="checkbox"/> EFT <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH		

SECTION 3: MEMBER INFORMATION

OCCUPATION /JOB TITLE:
Would you like to be added to the WCKAC Whatsapp Group : <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be added to the WCKAC E-mail Group : <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever kayak fished before : <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever fished before : <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what style:
Please indicate if you would be willing to assist at any WCKAC Event if available: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Permission to use photographic images: Photographs of WCKAC members may be used in various WCKAC communications incl. the newsletter and website. Group photographs taken at WCKAC events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ WCKAC has my permission to use and identify photographs of me. ____ WCKAC does not have permission to use and identify photographs of me. ____ WCKAC must contact me before using any identified photographs of me.

Name: _____ Signature: _____ Date: _____

Bank Details:
Capitec - Savings Account
Ac Name: BM Kruger
Acc #:1509 949 362
Br #:470010

SECTION 4: FOR OFFIC USE ONLY

Membership Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Membership Number:
Comments:

Name of Executive Member: _____ Signature: _____