

APPLICATION FOR PRRA MEMBERSHIP

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DATE:			
MEMBER DETAILS:			
NAME & SURNAME or COMP	PANY NAME:	INITIALS	TITLE:
Tel:	Fax:	Cell:	
Number of persons in house	ehold (for household registrat	tion only):Adults	Children
Email Address:			
Physical Address:			
			Code:
Postal Address:			
			Code:
admin@paulshof.org or fax Whether you are a Pauls gives you a voice in the	R250 per business e completed and e-mailed alo	r a business owner, joi mmunicate more effect	n the PRRA – it ively with you,
to make a difference to c		5 j j	оррогош,
Please send through proof	20718156, Benmore Gardens of payment to us via fax or er nd Residential Address as ref	mail.	
PRINT NAME:SIGNATURE:			