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The Cape Hindu Cultural Society

PBO 930 008 126 • NPO 120-311

T: 063 140 0959
E: info@capehinducs.org
W: www.capehinducs.org

6 Jeram Avenue
Rylands Estate, 7764
Cape Town, South Africa

Cape Hindu Cultural Society Membership Application Form (or Update)

Mark the appropriate box with ✔

New Membership Application ☐ Update of Membership Details ☐

Member *[Each family member aged 18 years and older is required to complete a separate form]*

First Name/s		Telephone	
Surname		Cell No.	
Date of Birth	DD MM YYYY	Email	
Occupation	OPTIONAL - OPTIONAL - OPTIONAL - [OPTIONAL]		

Spouse ***[Spouse is required to apply on a separate form]***

First Name/s _____ Date of Birth DD MM YYYY

Children (living at the same address)

		Date of Birth
First Name/s		DD MM YYYY
First Name/s		DD MM YYYY
First Name/s		DD MM YYYY

Address

Home Address	Postal Address
Post Code	Post Code

☐ **I consent to receiving communication of events and notices via WhatsApp and Email.**

I agree to abide by and accept the rules and regulations of the constitution of the CHCS.

Signed _____ Date _____

Please email the completed form to info@capehinducs.org

The form will be tabled at the next Management Committee Meeting and the applicant will be contacted to confirm if the membership has been approved.