FRIENDS OF THE LIPIZZANERS

APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS! THANK YOU!

Title: (Mr, Mrs, Miss, Dr, etc)	**First Name**
Surname	
Company name (if applicable)	
Postal Address **Code ……..**	**Province**
Tel: Landline ( )	**Cell:**
E-mail address:	

Your birthday **Day..... Month..... Year .....**
Your direct family's birthdays

Spouse Name ..... Day ..... Month ..... Year .....

Children Names ..... Day ..... Month ..... Year .....

. ..... Day ..... Month ..... Year .....

..... Day ..... Month ..... Year .....

ANNUAL MEMBERSHIP

Minimum R1,000 per annum. Please insert amount you wish to pay.	**R**
Your signature	**Date**

WHEN YOU HAVE COMPLETED THIS FORM

1. **Tear off and retain the banking details below**
2. **Hand it to a member of the Lipizzaner team or**
3. **E-mail to : Jenni McLean e-mail jm966986@gmail.com**

BANK ACCOUNT DETAILS

Bank: Standard Bank Branch: Fourways Crossing
Branch Code: 009953 Account Number: 023323124
Account Name: SA Lipizzaners
Please use your SURNAME followed by FRIEND as payment reference
Kindly do not deposit cash as this attracts a cash deposit fee! Thank you.
Queries: Jenni McLean 083 611 1156 E-mail: jm966986@gmail.com

As at July 2015