

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)				T = -	
Postal Address				Province	
	Code				
Tel: Landline ()		Cell:		
E-mail address:					
Your birthday Your direct family	's birthdays	Day	Month		Year
Spouse Name		Day	Month	Υ	/ear
Children Names		Day	Month		/ear
		Day	Month	Y	ear
		Day	Month		Year
ANNUAL MEMBERSHIP					
Minimum R1,000 per annum. Please insert amount you wish to pay.					
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 lipizzaner@hixnet.co.za

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: 079-716-4792

E-mail: <u>lipizzaner@hixnet.co.za</u>