

APPLICATION FOR MEMBERSHIP AT PASA : 2016
{AS A PRIVATE MEMBER}

THIS APPLICATION NEEDS TO BE SENT TO THE PASA OFFICE DIRECTLY

Fullnames and Surname _____

Initials _____ ID no _____

Physical Address _____

Postal Address _____

Postal Code _____

Tel. Nr _____

Cell. Nr. _____

Fax Nr. _____

E-mail address _____

Registration fee (Once off payment)	R50,00
Membership fee for private members (Annually)	R250.00
TOTAL	<u>R300.00</u>

Applicant Signature _____

Payments can be made to the following account:

STANDARD Bank Vryburg
Account holders Name - PASA
Current Acc no -040417654
Branch Code: 050201

Please fill in your initials and surname under "reference" on the deposit slip.

Send this applicationform as well as the deposit slip to:

Fax to 086 604 8084 or

E-Mail to pvs@aviculturesa.co.za

For more information please contact the PASA office - Tel 082 418 1555 (Weekdays 9am- 1pm)

FOR OFFICE USE ONLY

DATE RECEIVED _____

PASA - BREEDERS CODE _____