



GOLD CARD CLUB

2011 / 006826 / 23



WONDER SPA BUILDING
C/O Weber & Hanspirow st no 1
VANDERBIJLPARK PARK

E MAIL : info@goldcardclub.co.za

TEL : 086 727 7760

P O BOX 341
Park South
1910

FAX: 086 524 8077

MEMBERSHIP APPLICATION FOR BISHOP PLAN

Please mark with an "x" your selected membership

PLAN A	<input type="checkbox"/>	JIONING FEE	R100	MONTHLY FEE	R 50	GOLD CARD	<input type="checkbox"/>
PLAN B	<input type="checkbox"/>	JIONING FEE	R100	MONTHLY FEE	R 70	GOLD CARD &	LEGAL AID
PLAN C	<input type="checkbox"/>	JIONING FEE	R100	MONTHLY FEE	R70	GOLD CARD &	FUNERAL
PLAN D	<input type="checkbox"/>	JIONING FEE	R100	MONTHLY FEE	R150	GOLD CARD &	ALL BENEFITS

Principal Member Details			
Last Name	<input type="text"/>	Full Names	<input type="text"/>
Passport / ID Number	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Postal Code	<input type="text"/>	Contact Numbers	Home <input type="text"/>
Members Age	<input type="text"/>		Work <input type="text"/>
			Cell <input type="text"/>

Spouse's Details			
Last Name	<input type="text"/>	Full Names	<input type="text"/>
Passport / ID Number	<input type="text"/>	Date of Birth	<input type="text"/>

Dependant Details			
Only 6 children under the age of 21 years			
Full Names	DOB/ID Number	Relationship	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I, the undersigned, hereby agree that the terms and conditions of this membership have been explained to me and fully understand and have read the contents of the terms and conditions of this membership. I agree to abide by these terms and conditions.

Principal Member Signature

Date Signed

Signature on behalf of the GROUP

Signing on behalf of the JARAL TRUST

AGENT NO: NAME: ID NR:

FROM THE PEOPLE TO THE PEOPLE
MEMBERS: JAMES RALSTON 084 317 7111