



## MEMBERSHIP RENEWAL / APPLICATION FORM

E-Mail or MMS this form and Photo to: [member@copesa.org.za](mailto:member@copesa.org.za) or Fax to **086 415 1000**  
Please supply all relevant information and Mark all appropriate boxes with X

Province:

District / Metro:

Local Municipality:

Ward Number:

Voting District:

Attach your passport photo here if not submitted electronically, OR E-mail us your Digital Head & Shoulders Photo with your ID Number in the subject line.

Official Use Only

DATE DATA CAPTURED

DATE CARD ISSUED

### PERSONAL & CONTACT DETAILS

First Name  Middle Name  Surname

Gender: Male  Female  ID Number:

Residential Address:

City/Town/Village  Postal Code:

Tel 1:  Tel 2:  E-Mail:

In case of an Emergency, phone next of kin Name:

Relation to Member (eg. Parent, Spouse, Friend)  Tel Nr:

### PLEASE TELL US A LITTLE ABOUT YOURSELF (This Is Required For Statistical Reasons And Party Profile Purposes)

Date of Birth:  Place of Birth:

Marital Status: Single  Married  Divorced  Widowed  How many Children?

Race: Black:  Coloured:  Indian:  White:  Other:  Specify:

Home Language:  Religion:

Last Institution of Learning Attended:  What Year?

Area of Expertise/Experience:  Years of Expertise/Experience:

Occupation:  Employer:

Permanent:  Contract:  Temp:  Unemployed:  Current Position:

Previous Party Membership(s)  Date Terminated:

### MEMBERSHIP FEES – Tick The Appropriate Box. You Can Also Pay For More Than 1 Year Membership

Membership Fees Paid for	1 Year	2 Years	3 Years	4 Years	5 Years	If Payment is done by Bank Deposit or EFT please use your ID Nr as Reference  <u>COPE National Membership Acc:</u> Bank: ABSA Branch: 632005 Acc: 407 803 3419
COPE Membership:	R30 <input type="checkbox"/>	R60 <input type="checkbox"/>	R90 <input type="checkbox"/>	R120 <input type="checkbox"/>	R150 <input type="checkbox"/>	
COPE WM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE YM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE SM:	R10 <input type="checkbox"/>	R20 <input type="checkbox"/>	R30 <input type="checkbox"/>	R40 <input type="checkbox"/>	R50 <input type="checkbox"/>	
COPE B&P:	R100 <input type="checkbox"/>	R200 <input type="checkbox"/>	R300 <input type="checkbox"/>	R400 <input type="checkbox"/>	R500 <input type="checkbox"/>	
TOTAL Membership for:	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>	
Bank Deposit Amount:	<b>R</b>		Date Deposited: <input type="text"/>	EFT Reference: <input type="text"/>		
Payment to Official: <input type="text"/>	Name & Surname of Official <input type="text"/>				Official ID Number <input type="text"/>	
Receipt Nr: <input type="text"/>	Receipt Date: <input type="text"/>			Official Signature: <input type="text"/>		

### DECLARATION

I hereby commit to signing the COPE Declaration and Code of Conduct upon Acceptance of my Membership Application

Signed at  on this  day of  20  Member Signature

### FOR OFFICIAL USE ONLY

Application Confirmed by:  NAME  SIGNATURE  For NT  DATE

Authorised for Processing by:  NAME  SIGNATURE  For GS  DATE