AMBASSADORSHIP FORM

PERSONAL DETAILS

Title:

Full name:

Surname:

Date of birth:

ID number:

Nationality:

Gender: Male Female

CONTACT DETAILS

Cellphone number:

Email address:

Residential Address/Town:

STRUCTURE

Province:

Municipality:

Residential Address/Town:

Ward:

Voting district:

Employed: YES NO

Self-employed: YES NO

Disabled: YES NO

Ambassadorship fee: R20 (1YR) R35 (2YRS) R55 (3YRS) R75 (4YRS) R100 (5YRS)

Donations: Once-off Monthly

Banking Details:
Bank Name: Standard Bank
Account Number: 370867211
Account Type: Current Account
Branch: Sandton
Branch Code: 018105
Reference: Name & Surname.

FOR OFFICE USE ONLY
Acceptance Date:
Official Capture/Recruiter:
Ambassadorship Number:

SIGNATURE

DATE

For e-submissions, please email the completed form to: membership@sara-za.com

DECLARATION:

I,.....,solemnly declare / affirm that I will abide by the aims and the objectives of SARA as set out in the code of conduct and other duly adopted policy positions. I am joining the organisation voluntarily. I agree to implement and abide by the decisions of the leadership of SARA. I will defend the unity of SARA. I agree to indemnify SARA, or affiliate organisations, officers, agents and employees and or listed experts harmless from any claim, demand, or damage, including reasonable attorneys' fees, asserted by any third party due to or arising out of your use of or conduct on the service.