



CARAVAN CLUB OF SOUTHERN AFRICA

P.O. Box 14697
WITFIELD
1467

NATAL HIGHWAY REGION

MEMBERSHIP APPLICATION FORM

Surname : _____ Wedding Date : _____

Christian Names : _____ D.O.B : _____

Partner Christian Names : _____ D.O.B : _____

Child Christian Names : _____ D.O.B : _____

Child Christian Names : _____ D.O.B : _____

Child Christian Names : _____ D.O.B : _____

Child Christian Names : _____ D.O.B : _____

Residential Address : _____

Postal Address : _____

E-Mail Address : _____

RIGHT OF ADMISSION RESERVED

Telephone (Home) : _____

Telephone (Work) : _____

Telephone (Cell) : _____

Caravan Model : _____ Year : _____

Caravan Registration Number : _____

Signature of Applicant

Date

Signature above signifies acceptance of the Code of Conduct as stipulated in the Info Booklet supplied to me.

Introduced By : _____ Sign : _____

Seconded By : _____ Sign : _____

Approved By : _____ Sign : _____

For Office Use :

MEMBERSHIP NO : _____

DATE : _____

ENTRANCE FEE : _____

SUBSCRIPTION FEE : _____

TOTAL RECEIVED : _____