

CHARLO SUPPORTER'S CLUB APPLICATION FORM

NOTE: Charlo parents only need to complete sections **A**, **F** and **G**



MEMBERSHIP APPLICATION		
A: APPLICANT INFORMATION		
Name:		
Date of birth:	ID No:	Phone:
Current address:		
City:	Postal Code:	Cell:
B: EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:		
C: EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		
D: SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:	ID No:	Phone:
E: EMPLOYMENT INFORMATION		
Current employer:		
Position:	E-mail:	
F: CHILDREN IN CHARLO PRIMARY		
Name	Name	
Name	Name	
G: SIGNATURES		
BY SIGNING THIS MEMBERSHIP FORM, I ACCEPT ALL THE TERMS AND CONDITIONS OF THE CHARLO SUPPORTERS CLUB. SIGNATURE:		DATE:

Email form to - supporters@charlo.co.za