



5 WALE STREET
CAPE TOWN 8001

TELEPHONE: 021 424 7360

FAX: 021 424 9772

Email:
reception@sgcathedral.co.za

CATHEDRAL MEMBERSHIP APPLICATION FORM

Please complete this form in full

DATE OF APPLICATION: _____

Ms/Miss/Mrs/Mr/Dr/Prof/Revd/: _____

Surname: _____

First Names:

Self: _____ Partner: _____

Date of Birth: _____ Date of Birth: _____

Minor Children:

1. Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

Address:

☐

Street:

☐

Postal:

Postal Code: _____ Postal Code: _____

Please indicate preferred method of correspondence ✓

Contact Details:*Self:*☐ Home: () _____☐ Mobile: () _____☐ Work: () _____ ext: _____☐ Fax: () _____☐ Email: _____ @ _____*Please indicate preferred method of contact ✓***Partners:**☐ Home: () _____☐ Mobile: () _____☐ Work: () _____ ext: _____☐ Fax: () _____☐ Email: _____ @ _____*Please indicate preferred method of contact ✓***Occupation:**

Self: _____ Partner _____

Have you been a member of another parish? If so, please specify:

Do you have any immediate /special needs we should know / be aware of?

***NB:** Should your spouse, partner or family members require to maintain separate pledges, please complete separate membership forms as unique pledge identification numbers will be issued*