

ORDINARY MEMBERSHIP APPLICATION

MEMBERSHIP FEE IS R250 per annum.

I, the undersigned, hereby apply for membership to LOFOB and agree to abide by the constitution, rules and regulations. I acknowledge that this application is subject to acceptance by LOFOB's Executive Committee and my membership will only be valid upon formal notification.

Surname:	First Name:
Resident Address:	Postal Address:
Date of Birth:	I.D Number:
Telephone(H):	Telephone(W):
Mobile Number:	Email:
Special Interest:	
How would you like to be involved in LOFOB?	
Do you belong to any other organisation? Yes No	If yes, please name the organisation:
Date joined:	Signature:
Approved: Yes No	Membership Number:
Membership fees paid: Yes No	
Other notes:	Exco acceptance date: Notification sent: Yes No
Banking Details:	First National Bank Plumstead Acc No: 50160010788 Branch Code: 201109 Name of Account: The League of Friends of the Blind

Please download fill in and once completed send to Kelly Alexander :
admin24@lofob.org.za

NPO: 002-921
PBO: 18/11/13/4503
SETA: ETDP10928

President
Mr Lionel Jacobs

Vice President
Rev Franklin W Farmer

Executive Members
Adv. Shirnae Londt-Jacobs
Mr Alan Kotshoba
Mr Richard Arends

📍 94 Klip Road, Grassy Park,
7941

✉ info@lofob.org.za

☎ +27 (0) 21 705 3753

🌐 www.lofob.org.za