LOFOB
LEAGUE OF FRIENDS OF THE BLIND
BELONGING • EMPOWERING • TRANSFORMING LIVES

AFFILIATED MEMBERSHIP APPLICATION

MEMBERSHIP FEE IS A DONATION OF R100 or more
YOUR CONTRIBUTION WOULD BE MUCH APPRECIATED

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

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Adv. Shirnae Londt-Jacobs
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