

*MEMBERSHIP FORM –2010 (FEB – MAY)*

NAME OF APPLICANT: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_

CONTACT NUMBERS (HOME): \_\_\_\_\_

Email \_\_\_\_\_

SCHOOL: \_\_\_\_\_ AREA: \_\_\_\_\_

TEL (SCHOOL): \_\_\_\_\_ CONTACT TEACHER: \_\_\_\_\_

SPECIAL INTERESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION GRANTED BY PARENT / GUARDIAN**

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT NUMBER IN CASE OF EMERGENCIES: \_\_\_\_\_

**SUBSCRIPTION FEE AGREEMENT  
(R300 per semester)**

We agree to pay R \_\_\_\_\_ in \_\_\_\_\_ instalments.

Please print member's name \_\_\_\_\_

Signed: \_\_\_\_\_

\*\*\* Please attach a recent photograph to your membership form. Thank you. \*\*\*

Completed application forms so be sent to the Project Manager, Nicolette Moses,  
Baxter Theatre Centre, PO Box 297, Rondebosch 7701  
Tel: 021 680 3964; Fax: 021 650 5260; e-mail: Nicolette.Moses@uct.ac.za