



centurion  
Hospice

Tel: 012 664 6175  
Fax\Faks: 012 664 6154

P.O. Box/Posbus 15679  
Lyttelton 0140

## FRIENDS OF HOSPICE APPLICATION FORM VRIENDE VAN HOSPICE AANSOEKVORM

Name/Naam: \_\_\_\_\_

Postal Address/Posadres: \_\_\_\_\_

Residential Address/Woonadres: \_\_\_\_\_

Telephone Numbers/Telefoonnommers:

(Work/Werk) \_\_\_\_\_ (Home/Huis) \_\_\_\_\_

(Cell/Sel) \_\_\_\_\_ E-mail/E-pos: \_\_\_\_\_

Annual Subscription/Jaarlikse Intekening:

R114.00 VAT inclusive/BTW ingesluit

Reason for Involvement/Rede vir Betrokkenheid: \_\_\_\_\_

I can contribute by/Ek kan 'n bydrae lewer deur:

Date/Datum: \_\_\_\_\_

Signature/Handtekening: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Method of payment/Metode van betaling:

Cash/Kontant:  Internet:

Payment Received/bedrag Ontvang:

Board Approval/Goedkeuring deur Raad:

Membership Register updated/Lidmaatskapregister opgedateer: