



# The Southern African Memon Foundation

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## **NEW MEMBER REGISTRATION FORM**

1. Full Name and Surname: \_\_\_\_\_
2. Identity Number: \_\_\_\_\_
3. Full physical address: \_\_\_\_\_  
\_\_\_\_\_ CODE \_\_\_\_\_
4. Postal address: \_\_\_\_\_  
\_\_\_\_\_ CODE \_\_\_\_\_
5. Indicate Area of Residence (i.e. Town/City/Province): \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Cell Phone Number: \_\_\_\_\_
8. Fax Number: \_\_\_\_\_
9. Email address (if any): \_\_\_\_\_
10. Website address (if any): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please complete this form in full, and submit it to: [info@samemonfoundation.org](mailto:info@samemonfoundation.org)  
We will respond with the relevant bank details for payment of the R1000.00 Lifetime  
Membership Fee.**