

ABCO

African Bureau of Civic Organisations
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APPLICATION FOR MEMBERSHIP IN ABCO

(office use only) Member Number _____

Name: _____

Address: _____

Email: _____

Phone: _____

Occupation/Primary Skills: _____

Are you: Employed | Work Seeker | Self Employed? (circle the correct option)

Identity Number: _____

Name of Council: _____

Ward Number: _____ Suburb/Town/Village _____

Would you be willing to stand as local candidate for ABCO (remember it involves long hours of canvassing work and fundraising efforts): _____

Do you own a business that will donate to ABCO? _____

Signature

Please pay the R40 annual membership fee via EFT or at FNB ATM (NOT the teller!) to:

ABCO

FNB Cheque Account nr 6269 912 6150

Use your ID Number as reference (if first time member). For renewals, use Member Number.