



PAC

PAN AFRICANIST CONGRESS OF AZANIA

BRANCH: _____

NEW MEMBER (✓)

SUBSCRIPTION (✓)

MEMBERSHIP FEE (R50)

NB: Membership subscription is payable on an annual basis.
Party financial year shall be end of February each year.

Personal Information

TITLE (✓) MISS MRS MR DR PROF OTHER

FIRST NAMES _____

SURNAME _____

DATE OF BIRTH

ID No.

Contact Details

RESIDENTIAL ADDRESS _____
Code _____

POSTAL ADDRESS _____
Code _____

TEL (h) _____ TEL (w) _____

CELL _____ FAX No. _____

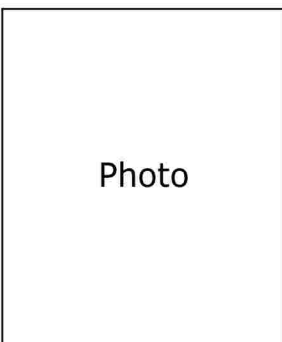
E-MAIL _____

Structure

Branch (Ward)	
Region	
Province	

Organ/component (✓)

PAC	<input type="checkbox"/>	PAYCO	<input type="checkbox"/>
APLAMVA	<input type="checkbox"/>	PAWO	<input type="checkbox"/>
PASMA	<input type="checkbox"/>	PALF	<input type="checkbox"/>



I accept the Constitution, Programme, the Policies and the leadership of the Pan Africanist Congress of Azania

Signature

Date

MEMBERSHIP FORM