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MEMBERSHIP FORM

Surname:		Date:	
Title:	First names:		
Home address:			
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Email address:			
Profession/Skills/Interests:			
I enclose my payment by cash/cheque/credit card (circle one) for: R <i>(Cheques payable to 'UCT'. For credit cards complete section below.)</i>			
CREDIT CARD USERS ONLY (Complete in full and please ensure all details are correct and valid.) Please charge my: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/>			
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MEMBERSHIP FEES:
(APPLICABLE FROM NOVEMBER TO NOVEMBER)

<u>One-year membership:</u> Full fee: R80.00 Student fee: R40.00	<u>Three-year membership:</u> Full fee: R200.00 Student fee: R110.00
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