

# MEMBERSHIP RENEWAL / APPLICATION FORM



E-Mail or MMS this form to  
[support@iamnotamistake.co.za](mailto:support@iamnotamistake.co.za)

Attach your passport photo here if not submitted electronically. OR E-mail us your Digital Head & Shoulders Photo with your ID Number in the subject line.	<b>Official Use Only</b>
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Please supply all relevant information and Mark all appropriate boxes with X

## PERSONAL & CONTACT DETAILS

First Name	Middle Name	Surname
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	ID Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Residential Address: _____		
City/Town/Village _____		Postal Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tel 1: _____ Tel 2: _____ E-Mail: _____		
In case of an Emergency, phone next of kin Name: _____		
Relation to Member (e.g. Parent, Spouse, Friend) _____ Tel No: _____		



**PLEASE TELL US A LITTLE ABOUT YOURSELF (This Is Required For Statistical Reasons And Foundation Profile Purposes)**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed  How many Children? \_\_\_\_\_  
 Living Partner

Race: Black:  Coloured:  Indian: \_\_\_\_\_ White:  Other: \_\_\_\_\_ Specify: \_\_\_\_\_

Home Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Last Institution of Learning Attended: \_\_\_\_\_ What Year? \_\_\_\_\_

Area of Expertise/Experience: \_\_\_\_\_ Years of Expertise/Experience: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Permanent:  Contract:  Temp:  Unemployed:  Current Position: \_\_\_\_\_

**MEMBERSHIP FEES – Tick the Appropriate Box. You Can Also Pay for More Than 1 Year Membership in Advance**

Monthly	Donation	Donation
R100 <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
R200 <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
R300 <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
R500 <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
R1 000 <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
<b>R</b>	<b>R</b>	<b>R</b>

**Various Projects for Donations:**

1. Safehouses
2. Protect the Farming Community
3. Training of Councillors
4. Expanding of Security Department
5. General assistance for Mental Therapy.
6. Assistance against VIOLENCE

Please be so kind as to reflect next to your Donation the cause that you would like your Donation to go to.

I am Not a Mistake Foundation (Pty) Ltd, will issue you with a confirmation donation letter once the funds have cleared.

**Membership**

I am Not a Mistake Foundation (Pty) Ltd, will issue you with a membership card, reflecting your membership number.

**DEBIT ORDER:**

Bank Deposit Amount: **R** \_\_\_\_\_ Date Deposited: \_\_\_\_\_ EFT Reference: \_\_\_\_\_  
Payment to Official: \_\_\_\_\_   
Name & Surname of Official Official ID Number

Receipt No: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Official Signature: \_\_\_\_\_

**BANKING DETAILS:**

**I AM NOT A MISTAKE FOUNDATION (PTY) LTD**

**NEDBANK, MEYERSDAL**

**CHEQUE ACCOUNT NUMBER: 114 632 1678**

**BRANCH CODE: 152042**

- Please enter the number 1 – 6 where you would like your contribution to be utilized
- State Membership clearly