



### Membership Application Form

#### PERSONAL INFORMATION

Full name \_\_\_\_\_  
Identity number \_\_\_\_\_  
Residential address \_\_\_\_\_  
Business address \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_  
email \_\_\_\_\_

#### APPLICATION

I hereby apply to become a member of the Child Accident Prevention Foundation of Southern Africa also known as ChildSafe (hereinafter known as 'the Foundation').

#### COMMUNICATION

I would like to receive the following communication via email from ChildSafe (please tick):

- Quarterly newsletter
- Notifications pertaining to my membership

#### DECLARATION

1. I support the main objectives of the Foundation as set out in its Constitution.
2. I agree to be bound by the terms and conditions of the Foundation as set out in its Constitution.
3. I declare that there is no reason that should exclude me from membership of the Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place