



LADIES CIRCLE SOUTH AFRICA

Membership					
Circle Details					
Circle Name & Number:					
Member Details					
First Name:					
Surname:					
ID Number:				Date of Birth:	
Cellphone:				Work Phone:	
E-mail Address:					
Occupation:				Company:	
Language Preference:		English	Afrikaans	Other	
Marital Status:		Married	Single	Other	
Spouse / Partner Name:					
Birthday:					
Member Acceptance					
We hereby confirm that the above information is true and correct, and that the member has been prepared for membership according to the Constitution, Rules and Guidelines of LCSA.					
Signature of Applicant		Signature of Circle Chairman		Signature of LCSA Secretary / Treasurer	