

## Application for Associate Membership in the Brotherhood of Blessed Gérard

Kindly indicate  which kind of membership you want

I am prepared to support the objectives of the  
**Brotherhood of Blessed Gérard** as a **Donor** through an  
 annual  quarterly  monthly membership donation of  
(currency) \_\_\_\_\_ (amount) \_\_\_\_\_  
Kindly give your bank a stop order or make regular transfers!  
You will find our banking details online at  
<http://bbg.org.za/finance/donation.htm>

I want to help the  
**Brotherhood of Blessed  
Gérard** through my  
prayers as a **Spiritual  
Supporter**

Title (Mr/Mrs/Miss/Rev/Honourable) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Surname: \_\_\_\_\_


Date of birth:          
year month day

**Postal address:**

Street address or P O Box \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Place \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

 Code \_\_\_\_\_ No \_\_\_\_\_

Mobile phone Code \_\_\_\_\_ No \_\_\_\_\_

Fax Code \_\_\_\_\_ No \_\_\_\_\_

E-Mail: \_\_\_\_\_

Internet Homepage: <http://> \_\_\_\_\_


Signed at \_\_\_\_\_ on the \_\_\_\_\_

Signature of applicant \_\_\_\_\_

In case of applicant being a minor,  
signature of parent or legal guardian \_\_\_\_\_

Send this form to the  
**Brotherhood of Blessed Gérard**

P O Box 440 · Mandeni 4490 · Republic of South Africa

 +27 82 4924043 · Fax +27 32 456 7962 · e-mail [bbg@bbg.org.za](mailto:bbg@bbg.org.za)