

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

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

(currency) _____ (amount) _____
Kindly give your bank a standing order or make regular transfers!
You will find our banking details online at
<http://bbg.org.za/finance/donation.htm>

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

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