

Application for Associate Membership in the Brotherhood of Blessed Gérard

Indicate which kind of membership you want

I want to assist the **Brotherhood of Blessed Gérard** financially as a **Donor**:
I am prepared to support the objectives of the **Brotherhood of Blessed Gérard**
through an
 annual quarterly monthly membership donation of
(currency) _____ (amount) _____
which I agree to pay in advance.

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: _____

Residential address (if different from postal address): _____

Postal address:

P O Box _____ Zip/Postal Code _____ Place _____ State/Province: _____

☎ Code _____ No _____

Mobile phone Code _____ No _____

Fax Code _____ No _____

E-Mail: _____ Internet Homepage: _____

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

61 Anderson Road · P O Box 440 · Mandeni 4490 · RSA

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