



THE SA LEGION OF MILITARY VETERANS
(CAPE TOWN BRANCH)

MEMBERSHIP APPLICATION FORM

First Name/s.....Surname.....
Nickname.....Date of Birth.....
ID Number.....

FULL MEMBERSHIP

Force.....Force Number.....
Date Attested.....Date Discharged.....
Brief service history.....
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ASSOCIATE MEMBERSHIP

Briefly describe your interest in military affairs.....
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MEMBERSHIP SUBSCRIPTIONS :R70.00 PER ANNUM

DETAILS

Occupation.....
Hobbies/Interests.....
Home Address.....Postal Address.....
.....
.....
Code.....Code.....
Phone Home.....Business.....
Fax.....eMail Address.....

Signature.....Date.....
