

HANGKLIP COMMUNITY CARE CENTRE

APPLICATION FOR MEMBERSHIP

NB. A copy of your ID must accompany this application. Membership information will be treated in the strictest confidence

Date:

Surname:	First names:
ID number:	
Address (Post):	(Res):
Telephone:	E-mail:
Employed? (Yes / No)	Employer (if yes):
Your HCCC membership fee, which is payable annually, contributes to supporting needy people within the Hangklip community and also enables you to purchase cooked meals at subsidised rates. This membership fee is currently R60.00. If, however, your monthly household income does not exceed R3 000, the annual fee reduces to R30.00. The normal cost per meal for a HCCC member is currently R40.00 (non-members pay R50.00). A member who is part of a low-income household (R9 000/m or less) could, however, purchase the same meal at a reduced cost ranging between R10.00 and R35.00, depending on income.	
Should you wish to be considere information:	d for meals at reduced cost, please provide the following
Household Composition:	
Living alone: (Y/N) Wi	ith spouse: (Y / N) No. of children:
No. of relatives:	No. of non-relatives:
Household monthly income from	all sources (pension, investments and others): R
Income source(s):	
I hereby quarantee that th	e information above is true and correct in all respects

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Banking details (Please provide your name as reference): Account Name: Hangklip Community Care Centre Bank: First National Bank. 210460 Branch code: Account No: 62460003818

Voluntary Service: Are you able to serve as a volunteer in one or more of the following areas: cooking; helping out in clinic; fundraising; recreation, caring; any others? (Y/N).

If yes, please specify:

Signature: