



AFRICAN CONTENT MOVEMENT (A.C.M)

Membership Form

New Membership

Renewal of Membership

SECTION 1: MEMBER PERSONAL INFORMATION

Name:	Surname:
Race:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	I.D Number:
Home Language:	Social Media:
Physical Address:	Area Code:
District:	Municipality:
Town/City:	Province:
Ward Number.:	Cellphone no.:
Home Telephone no.:	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address.:	Please specify the type of disability:
Branch.:	

SECTION 2: CONTRIBUTION/DONATIONS

Do you want to donate ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Amount?	R _____		
Payment method?	CASH <input type="checkbox"/>	EFT <input type="checkbox"/>	CHEQUE <input type="checkbox"/>

SECTION 3: ACM BANKING DETAILS

Bank Name	FNB (First National Bank)
Account Name	African Content Movement
Account Number	627 948 47148
Branch Name	Braamfontein
Branch Code	250655

I _____ solemnly declare that I will abide by the vision, mission, objectives and policies of the African Content Movement as set out in the constitution, that I am joining the organisation voluntarily and without motives of material advantage or personal gain, that I agree to respect the constitution, the structures and to work as a loyal member of the organisation.

Signature _____

Date _____

SECTION 4: ACM OFFICE USE

Membership Number _____, to be completed by ACM Office.

info@acmonline.org.za

THE FUTURE IS IN YOUR HANDS