

## MEMBERSHIP FORM

CAPE SUPPORT FOR MENTAL HEALTH

NPO 040 491

Tel (021) 685 4398

Email [mail@capesupport.org.za](mailto:mail@capesupport.org.za)



Date

Name

Address

Postal code

Telephone (home)

Telephone (work)

Cellphone

Email address

Annual membership for 2020 (per family) R90.

Please make an EFT/direct deposit and email proof of payment to [mail@capesupport.org.za](mailto:mail@capesupport.org.za)

Cape Support for Mental Health

Account name

Bank

First National Bank

Branch name

Rondebosch

Branch code

201 509

Account number

50070046865

Remember to use your name as reference.

*Thank you*