

MEMBERSHIP FORM

FAMILY SUPPORT FOR SCHIZOPHRENIA

NPO 040 491

Tel 083 7138 653

Email mail@capesupport.org.za



Date

Name

Address

Postal code

Telephone (home)

Telephone (work)

Cellphone

Email address

Annual membership for 2022 (per family) R100.

Please make an EFT/direct deposit and email proof of payment to 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