AFRICAN RENAISSANCE UNITY

MEMBERSHIP APPLICATION FORM

UNITY ★ VICTORY ★ ALWAYS

Membership No. _____

Date _____

1. PERSONAL DETAILS

Title | **Full Names** | **Surname**

ID / Passport No. | **Date of Birth** | **Gender (M / F)**

Cell No. | **Email Address**

2. RESIDENTIAL DETAILS

Residential Address

Province | **Region** | **Sub region**

3. EMPLOYMENT STATUS

☐Employed ☐Self-employed ☐Business Owner ☐Student ☐Unemployed ☐Pensioner

Occupation

4. COMMUNITY PRIORITIES (Tick all that apply)

☐Food Support ☐Employment Opportunities ☐Skills Development
☐Business Support ☐Agriculture / Food Gardens ☐Youth Programmes
☐Women's Empowerment ☐Community Safety ☐Other

5. MEMBERSHIP CATEGORY

☐Ordinary ☐Women ☐Professional ☐Youth
☐Traditional Leader ☐Volunteer ☐Business ☐Religious Leader
☐Branch Membership ☐Artist ☐Disability

6. BANKING DETAILS (Membership Fees / Contributions)

Account Holder	African Renaissance Unity (ARU)	**Bank**	First National Bank (FNB)
Account Type	Public Sector Business Account	**Account Number**	63221056898
Branch Code	210835	**Branch Name**	Remote Accounting Opening
Swift Code	FIRNZAJJ		
Membership Fee:	R 25.00 (For two years)		
Donation:	R 10.00 – R 1000.00	R 1000.00 – R 5,000.00 **(Silver)**	R 5000.00 – R 50,000.00 **(Gold)**
R 50,000.00 – R 200,000.00 **(Platinum)**			

Please use your Full Name and Membership No. as payment reference.

MEMBERSHIP DECLARATION & SOLEMN UNDERTAKING

I, _____, solemnly declare that I will uphold and abide by the Constitution, aims, objectives, principles, and values of the African Renaissance Unity. I join the organisation voluntarily and without expectation of personal gain or material benefit. I undertake to respect the leadership, structures, and democratic processes of the organisation. I shall dedicate my skills, energy, and commitment to advancing the objectives of A.R.U., promoting unity, justice, equality, and service to the people. I further declare that the information provided in this form is true and correct, and I consent to the processing of my personal information in accordance with the Protection of Personal Information Act, 2013 (POPIA).

Applicant Signature | **Date**

OFFICIAL USE ONLY

Membership No. | **Captured By** | **Date**

Approved: ☐Yes ☐No **Official Stamp:** _____