

REINSTATEMENT OF MEMBERSHIP

Membership number		Date	Y	Y	Y	Y	M	M	D	D
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DETAILS OF THE PRINCIPAL MEMBER Race - **A** = African/Black, **I** = Indian/Asian **W** = White **C** = Coloured

Mr		Mrs		Miss	
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Surname	
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Full Names	
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Member's date of birth	Y	Y	Y	Y	M	M	D	D	Race	
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ID number													
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Residential address	
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	Code	
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Postal address	
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	Code	
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Telephone number (H)	
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Telephone number (W)	
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Cellphone number	
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Name of employer		Employee number	
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HR Department contact person		Telephone number	
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REASON

Effective date of reinstatement	Y	Y	Y	Y	M	M	D	D
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Member Signature	Date	Y	Y	Y	Y	M	M	D	D
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Namestamp of employer	
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Human Resource Manager / Practitioner Signature	Date	Y	Y	Y	Y	M	M	D	D
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