FOR OFFICE USE:
Authorised by: CF
Doc. no: 188E19

MEMBERSHIP FORM

REGISTER BY TELEPHONE, FAX, E-MAIL OR POST

Tel: (012) 660-2282
E-mail address: erika@saconsult.co.za
Postal address: Private Bag X117, Centurion, 0046

Please register me as a member of Prestige Millionaires Club for a year, and renew my membership annually at the prevailing rate unless I cancel. Please send me the latest Club report, as well as my membership documents and my confidential telephone and fax numbers for the free advisory service.

DATE:..... SIGNATURE: .....

NAME AND SURNAME: .....

POSTAL ADDRESS: …….....

..... CELL NO.: ….....

E-MAIL ADDRESS: .....

Debit my cheque or savings account with the monthly fee of R587-00.

☐ Name of bank: .....
Account number: .....
Name of branch: .....
Branch code: .....
Type of account: [ ] Cheque [ ] Savings [ ] Transmission

Annual payment of R5 650-00 (discount included) by direct transfer.

☐ ABSA, Centurion

Account name:	Prestige Millionaires Club
Account number:	2890 192 222
Branch code:	632 005
Reference:	Your initials and surname

NB: Please e-mail your proof of payment, together with your membership form, to us.