



FRIENDS OF FAIRSEAT APPLICATION

This is a renewal for the year:

Surname:

First Name(s):

Membership Fee (Kes): Single (2,000)

☐

Couple (4,000)

☐

Postal Address:

PO Box:

City:

Postal Code:

Email Address:

Tel:

Signed:

Date:

The Fairseat Foundation thanks you for your support.

For Office Use

Amount Paid:

Date:

Cash

☐

Cheque

☐

Cheque No

Receipt No