BirdLife Botswana Membership Form

Membership is due in January of each year, as the subscription runs from January to December.

I/We Dr/Mr/Mrs/Ms:		D							
Mr. I.	6 Divid ifa Datawa			1					
Wish to become members of	of BirdLife Botswa	ıı id			_				
Postal Address:				7	2			127	
Residential Address:									
ID/Passport No:									
Mobile		Home		W	/ork				
Email (Please print)							7		
Emergency Contact - Name	Relation-			Contact Number					
			No. male			<16	17- 30	30-50	>50
No. of individuals comembership	overed by			o. in age /rs):	class		D		
Please tick type of membership applying for – rates as indicated:									
Standard	P 200.0	0 / year	Famil	y membe	rship				
Corporate	P 2 500.0	0 / year I	ncludes 4	nominate	ed mem	bers			
Student	P 15.0	0 / year B	otswana	students					
Professional Guides	P 60.0	0 / year			9				
School Clubs	P 50.0	00 / year	12 - 2 - Age (2)	:		- <u>-</u>			
SADC	P 350.0	00 / year							
Life Membership	P 2 500.0	00							
Overseas	P 450.0	00 / year	Outside S	SADC					
I acknowledge that my family de risk. I, in my personal capacity and its committee, members and age from any cause (including neglige	d as representative of ents indemnified and	f my spouse, o hold them ha	children, de _l armless aga	pendents, au inst all loss	nd invitee: , injury, o	s hereby or damag	keep Bird e to pers	Life Botswa on or prop	ana,
Signed	,		Date				21		
Diagram and a second	le to Divid ife Date	wana' nrof	orably by	EET to: Ein	et Nation	al Rank	Rotewa	na	

Please make payment payable to 'BirdLife Botswana', preferably by EFT to: First National Bank Botswana, Kgale View 284567, Account # 57110052562, Swift FIRNBWGX. Please use name as payment reference.

Forms can be handed to any staff member, faxed to 3190540 or Emailed to admin@birdlifebotswana.org.bw with proof of payment