OFFICIAL STUDENT MEMBERSHIP APPLICATION FORM

GAZA Democratic Front – Student Forces

GAZASF
Gaza Student Forces

PERSONAL INFORMATION

First Name: _____ Surname: _____

ID Number: _____ Date of Birth: _____

Gender: _____ Race: _____

Nationality: _____ Home Language: _____

CONTACT INFORMATION

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Street Address: _____ City: _____

Suburb: _____ Province: _____

Ward: _____ Postal Code: _____

STUDENT INFORMATION

Institution Name: _____ Faculty / School: _____

Campus: _____ Year of Study: _____

Student Number: _____ Completion Year: _____

Qualification: _____ Student Status: □ Full-time □ Part-time □ Distance/Online

STUDENT MEMBERSHIP DETAILS

- Membership Type: Student Member
- Affiliation Fee: R10
- Branch / Campus Preference:
- Membership Period: 2 Years

BANKING DETAILS

Bank:	First National Bank (FNB)
Account Name:	GAZA DEMOCRATIC FRONT NPC
Account Type:	Gold Business Account
Account Number:	63187414586
Branch Code:	205609
Branch Name:	Woodbridge
SWIFT Code:	FIRNZAJJ

DECLARATION & CONSENT

- ☐ Info is true and accurate.
- ☐ I abide by the Constitution and code of conduct.
- ☐ POPIA data processing consent for administration.
- ☐ Receive communications via SMS,Email or WhatsApp.

MEMBERSHIP OATH

I, _____, voluntarily apply for membership of the GAZA Democratic Front and its Student Forces. I undertake to uphold the organisation's Constitution, Code of Conduct and democratic principles, and to conduct myself with integrity and respect for the rights of others.

APPLICANT SIGNATURE: **CURRENT DATE:**