



Bloemfontein Achilles

**POSBUS 629
BLOEMFONTEIN
9300
TEL/FAKS: (051) 444 5867**



Refund of 2008 membership fees:

Name: _____

Date: _____

Surname: _____

License number: _____

ID number: _____

Tel (w): _____

Tel (h): _____

Cell: _____

Email: _____

Bank: _____

Account no: _____

Account type: Current / Savings / Cheque / Transmission

Branch name: _____

Branch code: _____

Signature: _____

Member

Office use only:

Amount: R _____

Signature: _____

Payment officer / Treasurer

Payment advice no: _____