



The Cape Organ Guild

P.O. Box 618
Cape Town
8000

www.capeorganguild.org.za

MEMBERSHIP APPLICATION

Title: _____

First Name/s: _____

Surname: _____

Address: _____

_____ Code: _____

Tel (H): _____ Fax: _____

Tel (W): _____ Cell.: _____

E-mail: _____

Are you a full-time scholar/student? _____

Name of school / institution: _____

Present Qualifications (if any) _____

Present Appointment (organist/choir master – if applicable) _____

Signature: _____ Date: _____

Applicants must undertake to accept the constitution of The Cape Organ Guild. A copy of the constitution may be obtained on request.

Please return this form, to the Honorary Secretary, care of the above address. Membership fees will be payable from the following calendar year.

Current Membership fees per annum: Full Membership: R 130, Family membership: R180, Student membership R 75, Country membership (+200km) R60-00

* First calendar year free

Submitted to the committee on _____ Accepted ___ Rejected ___

Comments _____

Proposed: _____ Seconded _____