



MEMBER NO

Membership Sign – up Form

Fax 086 515 5584

Family Contact Name: _____

Postal address: _____

Email address: _____

(To send you newsletters to keep you informed of our progress – your confidentiality is assured)

Contact number (cell & landline): _____

Your child(ren)s name(s): _____

Grade / class: _____

School (collection point): _____

Desired Box Size: MEDIUM SMALL

Payment: MONTHLY QUARTERLY

(Worked out weekly e.g. if month has 4 weeks for a large box at R95.00 for one box x 4 weeks = R380.00 or a quarter 13 X R95.00 = R 1235.00 or a small box at R 65.00 for one box x 4 weeks = R 260.00 or for a quarter 13 x R 65.00 = R 845.00)

Terms and Conditions

- If you are unable to collect your box and do not inform us before collection, then it will go to charity.
- If you go on holiday and require credits for boxes not received please put it in writing before you go and send it to harvestofhope@abalimi.org.za.
- If you want to cancel your box, please inform us **in writing a month before the stop date**.
- If you join during a month or quarter please email or phone for first payment advice.

Signature: _____

Date: _____

**"WELCOME, YOU ARE OFFICIALLY A MEMBER OF THE
HARVEST OF HOPE PROJECT"**