**MAGALIESBERG VALLEY CONSERVANCY**
**MEMBERSHIP APPLICATION FORM**

I/We, _____
*(Full name/s and surname/s of member or company name and registration number)*

hereby apply for membership of the **Magaliesberg Valley Conservancy (Reg. No. NWCSA 06)** and agree to conform to the Constitution of the Conservancy, its rules, and any legislation governing it.

Physical address: (Please include portion number if available)

_____

_____

Registered Landowner of above property ☐ Registered tenant of above property ☐

Cell Number/s:_____

Email Address/es:_____

_____

Please indicate if you would be happy to receive Whatsapp communications regarding Conservancy business from Conservancy committee members.

Yes ☐ No ☐

*All personal information supplied via this form will only be available to other Conservancy members and will only be used for internal communication purposes.*

Signature: _____

Date: _____

Please return completed form by email to the Secretary at info@magaliesbergvalley.org or by hand to any committee member.