Application for Associate Membership in the Brotherhood of Blessed Gérard

Indicate ☑ which kind of membership you want

☐ I want to assist the Brotherhood of Blessed Gérard financially as a **Donor:** I am prepared to support the objectives of the Brotherhood of Blessed Gérard though an ☐ annual ☐ quarterly ☐ monthly membership donation of (currency)_____ (amount)_____, which I agree to pay regularly.

☐ I want to help the Brotherhood of Blessed Gérard through my prayers as a **Spiritual Supporter**

Title (Mr/Mrs/Miss/Rev/Honourable) _____

First Name: _____Middle Initials: _____

Surname: _____

Date of birth: _____

Postal address: _____

_____

Phone Code _____ No _____

Mobile phone Code _____ No _____

Fax Code _____ No _____

E-Mail: _____

Homepage: _____

Signed at _____on the _____

Signature _____

Send this form to the
Brotherhood of Blessed Gérard
P O Box 440 · Mandeni 4490 · South Africa
Phone +27 (32) 4562743 · Fax +27 (32) 4567962
e-mail: info@bbg.org.za · Home page: http://bbg.org.za/

This form is also available online at
http://bbg.org.za/application.htm

You may make a donation directly into our banking account. Our banking details are as follows:

Name of Account:	Blessed Gérard's Care Centre
Type of account:	Current Account
Bank:	First National Bank
Account number:	529 4004 0349
Branch:	Mandini
Branch code:	220-429
Swift Code:	FIRNZAJJ

Please ensure that you put your personal details on the deposit or send the information directly to us, so that we can acknowledge and assign your donation properly.

Donations for the Clare-Kalkwarf-Memorial-Fund may be marked "in memory of Clare Kalkwarf"

Thank you very much for all your support.

Father Gérard T. Kaglades O.S.B.