NEW HAVEN
FUNERAL CENTRE
Your Serenity is our Responsibility

067 352 7511 | 072 104 3544

MEMBERSHIP APPLICATION FORM

MONTHLY MEMBERSHIP FEE — R150.00

MEMBER DETAILS

TITLE

CELL NUMBER

SURNAME

EMAIL ADDRESS

FULL NAME

INCEPTION DATE

I.D. NUMBER

GENDER

RESIDENTIAL ADDRESS

BENEFICIARY NAME(S)

BENEFICIARY I.D. NUMBER

DEPENDANTS & BENEFICIARIES

NO.	SURNAME	FULL NAMES	I.D. NUMBER
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
		EXTENDED FAMILY	
1.			
2.			
3.			
4.			
5.			

I, the undersigned, confirm that the information provided above is true and correct, and I hereby apply for membership with New Haven Funeral Centre subject to its terms and conditions.

MEMBER SIGNATURE

DATE

OFFICE USE ONLY

RECEIPT NO.

DATE RECEIVED

RECEIVED BY