



AFRICAN PEOPLE'S SOCIALIST PARTY

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MEMBERSHIP APPLICATION FORM

SURNAME: _____

NAME: _____

I.D. NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

PROVINCE: _____

REGION: _____

WARD / BRANCH: _____

POSTAL ADDRESS: _____

_____ CODE: _____

WORK TEL: _____ CELL NO: _____

EMAIL ADDRESS: _____

PREVIOUS POLITICAL PARTY: _____

JOINING DATE: _____

JOINING FEE: _____

FOR OFFICE USE ONLY

MEMBERSHIP APPLICATION:

APPROVED

☐

DECLINED

☐

DATE: _____

PROVINCIAL SECRETARY (NAME) _____

SIGNATURE _____

OF THE PEOPLE, BY THE PEOPLE AND FOR THE PEOPLE.