



ALCOHOL AND DRUG CONCERNS

CAPE TOWN

Application for Membership

I,

Residential Address

..... Postal Code

Postal Address.....

..... Postal Code

Email:

Contact numbers:.....

Hereby apply for Membership of the above Organisation

Being: a) An abstainer of all alcoholic beverages and drugs

b) A rehabilitated addict of alcohol and drugs

I accept the fact that upon my application being approved by the ADC Cape Committee, I will abide by the principle of the Organisation, always promoting the above; as amended in the Constitution of the Organisation from time to time.

Comments

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Signed

Date