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## AFT-JHB MEMBERSHIP APPLICATION FORM

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FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

LANDLINE NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF YOUR GROUP: \_\_\_\_\_

DATE OF ADMISSION TO THE BAR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Payments are to be made to:

Account name: Advocates for Transformation

Bank: Nedbank

Account number: 1906453373

Branch: The Carlton

Branch code: 190605

Please submit applications for membership and proof of payment to [admin@aftjhb.co.za](mailto:admin@aftjhb.co.za) for processing.