



THE PRIVILEGE CARD

APPLICATION FORM

Name: Mr/Mrs/Ms*

First Name* Middle Name Surname* Birth Date*
Date / Month / Year

Name of Spouse

(if having same PPC number)

Wedding Anniversary Date

Date / Month / Year

Phone (Work)*

Name of Company/ Firm

Phone (Home)* Fax:

Email: Mobile:*

Postal/Mailing Address (Where Privilege Card can be sent)*

By being granted approval of membership by issue of Prouds Privilege Card (PPC), I agree abide by all guidelines and any changes thereto governing the issue of PPC cards.

Signature:*

Date:*

Fields marked with * are COMPULSORY

For Office Use Only

Application received by dated

Name on PPC Card (CAPITAL LETTERS):

Issued by:

PPC No:

Date issued: