



DPHS ASSOCIATION MEMBERSHIP FORM

First name:..... Last name:

OLD BOY: Please state your years at DPHS: to

STAFF member: Please state your years at DPHS: to

PARENT member: Please state your years at DPHS: to

GRANDPARENT, FRIEND or ASSOCIATE : Please state your year of first contact with DPHS:

E-mail address

Confirm E-mail address.....

I would like to order the DPHS Association cap: Yes No

A once off life membership association fee of R300 is payable to the DPHS Educational Trust. Payment can be made by EFT or Credit Card at The School Shop or Bursar’s Assistant. Please stipulate DPHS Association and your first and last name for our reference purposes when making an EFT payment or use your Association Invoice number as our reference.

Banking details: FNB

Name of Account:	DPHS Educational Trust
Account number:	62021723566
Branch number:	220526
Reference:	Surname/Invoice No

Please give me the privilege of recording your Membership of the newly established DPHS ASSOCIATION by completing and returning your form to me at DPHS via your son or copy and email your form to me at rneave@dphs.co.za with proof of payment.

RICHARD NEAVE
Director DPHS Association