

# **STMF Membership Application Form**

Please print clearly...

I here by acknowledge that I have read and agree to adhere to the terms and conditions stipulated by STMF, and declare that the information given above is correct to the best of my knowledge and belief;

<i>Full name</i>	
<i>Address</i>	<i>Postal Code:</i>
<i>Address (if resident for less than 3 years above) or next of kin</i>	<i>Postal Code:</i>
<i>Home tel. no.</i>	
<i>E-mail address</i>	
<i>Mobile tel. no.</i>	
<i>Date of birth</i>	<i>Age:</i>
<i>Blood group</i>	
<i>Allergies</i>	
<i>Disabilities</i>	
<i>Serious Illness in last 5yrs (e.g. black death, the pox)</i>	
<i>Distinguishing features (e.g. 3rd eye, bad breath, extra arm, etc)</i>	
<i>Family doctor&amp; address (Witch doctors available on request)</i>	
<i>Parental guardian if under 18 yrs or next of kin</i>	

Signed: .....  
(Parental Guardian if applicable)

Dated: .....