

Signature:

HURLINGHAM NORTH ASSOCIATION

(Registration No. 2004/006454/08/ VAT No.4690230307)
PO Box 650704, Benmore, 2010
www.hmna.co.za

Kindly complete & email this form to: Veschini- membership@hmna.co.za

MEMBERSHIP LEVY FORM: Effective April 2024

POPI Act: Your personal details will be saved on the electronic HMNA Database, solely for the purposes of membership communication and statistics. Your choice of payment will be communicated to the HMNA appointed accountants, Vantage, in order for them to add you to the invoicing system and load the debit order details, if paying by debit order. The information is securely stored and you have the right to change this info or request that it be deleted, at any time.

After no increases for 4 years, we have tried to keep the increase as low as possible, from R395 per month (R315 for pensioners), the amount will increase by just under 14% to R450 (R360 for pensioners).

	2024 HMN		
Membership		Pensioner Rate - Aged 60+	
MONTHLY: R450* pm *Without any discounts – see below	R5 400*pa	MONTHLY: R360* pm	R4 320* pa
PAYMENT OPTIONS -	Kindly Indica	ite your choice with an aster	risk
1. Advance Annual Payment:			
(12 th month is free)	R4 950 pa	Pensioner Advance Annual Rate	R3 960 pa
2. Advance Bi Annual Payment:		Pensioner Bi Annual Payment:	
(5% discount 2 x R2 565)	R5 130 pa	(2 x R2 052 pm)	R4 104 pa
3. Monthly Debit Order Payments:		Pensioner Debit Order Payment:	
(5% discount 12 x R427-50 pm)		(12 x R342 pm)	R4 104 pa
4. Monthly EFT Payments:		Pensioner EFT Payment:	
(12 x R450 pm)	R5 400 pa	(12 x R360 pm)	R4 320 pa
EFT PAYMENTS- Kindly ensure that If repeat payments on or before the 1 House Number & street name as you allocated.	L st of every m	onth, for the entire year. Ple	ease use your

	IIIINA DANK DETATES	
Account: Hurlingham Manor North Associat	ion Bank: Nedbank	
Account No: 1522 152 482	Branch: Epsom Downs - 152205	
- -	BIT ORDER PAYMENTS	
Bank Name:A	ccount No:	
Branch Name & Account Type:		
Account Name :		
	PERSONAL DETAILS	
Name & Surname:	Erf No:	
Physical Address:	Owner / Tenant	
ID No:	Email:	
Contact Number: Mobile:	Home No:	

Date:

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