



REGISTRATION FORM

<i>DATE</i>	
<i>SURNAME</i>	
<i>NAMES</i>	
<i>POSTAL ADDRESS</i>	
<i>RESIDENTIAL ADDRESS</i>	
<i>YOUR BIRTHDAY</i>	
<i>CELL NO</i>	
<i>HOME NO</i>	
<i>WORK NO</i>	
<i>EMAIL ADDRESS</i>	
<i>LANGUAGES</i>	
<i>WHEN ARE YOU MOSTLY AVAILABLE</i>	
<i>WHICH CHURCH DO YOU BELONG TO, IF ANY</i>	
<i>WHERE DID YOU HEAR ABOUT US</i>	
<i>WOULD YOU LIKE YOUR OWN Guardian Angel EMAIL ADDRESS</i>	
<i>DO YOU MIND VISITING SICK PEOPLE I.E. CANCER</i>	
<i>DO YOU MIND TRANSPORTING PEOPLE IN YOUR OWN CAR</i>	
<i>DO YOU MIND VISITING SOMEONE OUT ON A PLOT</i>	
<i>Please add any more info you think we should know about</i>	

**FAX OR EMAIL THIS REGISTRATION FORM TO YOUR NEAREST
BRANCH**

www.guardianangels.co.za