



Teaching Minds  
Touching Hearts  
Transforming Lives



**MEMBERSHIP FORM-01**

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<b>Full Names &amp; Surname</b>			
<b>Address</b>			
<b>Contact Number</b>		<b>Alternative Number</b>	
<b>Your Ward</b>		<b>Email Address</b>	
<b>Are You a Member of Any Organisation?</b>		<b>If Yes, Name of Organisation</b>	
<b>Tell us about Your Self?</b> <b>Your Strengths?</b> <b>Your Goals?</b> <b>Your Challenges?</b> <b>How Can We Help You?</b>			
<b>Tell us About Your Skills Proficiencies Talents</b>			
<b>Where Do You See Yourself in 5 Years' Time?</b>			
<b>Declaration:</b> I declare that the information provided is true and correct to the best of my knowledge and that any information found to be false will invalidate any agreement that exists between Gideon Project and the beneficiary/member. Gideon Project will not be held liable for acting based on the information provided by the beneficiary/member.			
<b>Signature</b>		<b>Date</b>	