



## Gordon's Bay Neighbourhood Watch

### Membership Registration Form

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Phone No's (Cell) : \_\_\_\_\_ (Home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Next of Kin: Name \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relation: \_\_\_\_\_

GBNW is broken into Zones according to your address please tick  in the block if you know which area you fall into.

NW 1	NW 2	NW 3	NW 4	NW 5	NW 10	NW 11	NW 12
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Do you own a radio?  No  Yes Make: \_\_\_\_\_ Serial No \_\_\_\_\_

Do you own a gun?  No  Yes

<b>POPI Act – Protection of Personal Information Act:</b> All personal information given is treated as confidential and in line with the current POPI Act. No information will be shared with any other organisation or persons. Please tick below if you do not want any of your information to be shared.			
Personal information may be shared within the NW Groups only:	<b>Tick &amp; Sign in acceptance</b>	<b>Can Share</b>	<b>Do Not Share</b>
	Email Address		
	Cell Number for What's App Groups		
	Cell Number for General Chat Groups	y	



I agree that the information as given is true and valid and agree to uphold the name of the Gordon's Bay Neighbourhood Watch at all times, and not bring the name into disrepute. I will be given a Welcome pack with the Code of Conduct and Constitution once my fingerprints have been received back from SAPS.

**Please return completed form to admin@gbnw.co.za**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

ID Document received \_\_\_\_\_

Passport Photograph received \_\_\_\_\_

Fingerprints Completed \_\_\_\_\_

Fingerprints submitted to SAPS \_\_\_\_\_

Fingerprints returned: \_\_\_\_\_

Membership Captured: \_\_\_\_\_