GBNW Membership Application Form

First Names: _____ Surname: _____

ID No: _____

Street Address: _____

Contact Phone No's (Cell) : _____ (Home): _____

Email Address: _____

Next of Kin: Name _____ Surname: _____

Contact Number: _____ Relation: _____

Circle the correct one

Do you own a radio? (Yes) (No) if so Make _____ Serial No _____

Do you own a firearm? (Yes) (No) if so Make _____ Model _____

Do you have a valid licence for this firearm? (Yes) (No)

What type of membership do you prefer? Home Observer (Yes) (No)

Patroller (Yes) (No)

POPI Act – Protection of Personal Information Act: 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 circle below as to what information may be shared.

Personal information that may be shared within the NW Groups only:

Name & Surname (Yes) (No)

Cell Phone Number (Yes) (No)

Email Address (Yes) (No)

All radio call signs will be shared with all members of Gordons Bay Neighbourhood Watch Patrollers, Saps, Law Enforcement, Traffic and Metro and any other security companies that are affiliated to GBNW.

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.

Signed at _____ on the _____ day of _____

Signature of applicant _____

FOR OFFICE USE ONLY

Id Documents received _____ **ID photos received** _____ **Fingerprints completed** _____

Fingerprints submitted to SAPS _____ **Fingerprints returned by SAPS** _____

All Data Captured by admin _____