



GUEST MEMBER REGISTRATION FORM

Surname		Name	
Cell Number		Home Telephone	
Identification Type	ID / Passport	ID / Passport Number	
Do you wish to join PNW as a guest in a <u>personal capacity</u> ?			YES NO
Or as a member of an organization?			YES NO
Name of organization			
Your position in that organization			
Address			
Reasons for joining PNW as a guest			
Date			
Signed			



Snap here to donate



Did You Know?

Donating to Plumstead Neighbourhood Watch helps us upgrade, maintain and implement new security technology in our area to protect you, your family and your business.

Please donate, we welcome all donations of any value.

ABSA Bank Plumstead
Current Acct: 4069438127
Branch Code: 632-005



INDEMNITY

I, _____
(PRINT FULL NAME)

ID NO.

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Of _____
(ADDRESS)

Do hereby:

1. Undertake to read the **Plumstead Neighbourhood Watch (PNW) Constitution, Code of Conduct and the Indemnity and Non-Disclosure** documents and agree to the terms thereof (Available on the website)
2. Acknowledge that I have chosen to be a member of **Plumstead Neighbourhood Watch** and will voluntarily participate in its activities.
3. Acknowledge further, that **Plumstead Neighbourhood Watch** is not a corporate entity established by or under any law nor does **PNW** has juristic personality.
4. Indemnify **PNW**, its committee, and other members, in respect of any criminal or civil liability, against any costs, claims, suits or damages howsoever arising directly or indirectly from any intentional or unintentional acts or omissions or any negligence on my part.
5. Acknowledge that I have no previous convictions in respect of any sexual offence or crime involving violence or dishonesty, committed during a period of five years that preceded the application for membership.
6. I hereby authorize PNW to make my name, surname, and Identity Number available to the **South African Police Service** for vetting.
7. Pledge our support to the safety and security of our community.

Signed at _____ On the _____ Of _____ 20 _____

Responsible Person Name: _____ Responsible Person Signature: _____

Witness Name: _____ Witness Signature: _____

FOR OFFICE USE						
CAPTURED BY:		DATE:		SIGNATURE		
APPROVED:		DATE:		SIGNATURE		
NOTES:					Section:	