



COMMUNITY SAFETY VOLUNTARY ASSOCIATION MEMBERSHIP APPLICATION FORM

REFERENCE 01/03/2019

I _____ ID number _____

Address: _____

Contact Details: Home _____ Work _____ Cell _____

1. Hereby apply to be a Full Member of the Community Safety Voluntary Association (CSVA).
2. I have read the Constitution of the CSVA and agree to abide by the rules and regulations and code of conduct as set out in the Constitution of the CSVA.
3. I also agree that I have read and fully understand the indemnity clause of the Constitution of the CSVA.
4. I am fully aware that the CSVA is a Voluntary Association and that no membership fees are charged to become a General member of the CSVA.
5. I have attached copies of the identity document/s of my and all additional members residing at the same address as provided above and who wants to become Full Members of the CSVA.

ADDITIONAL MEMBERS:

I hereby apply to become a Full member of the CSVA and have read and agree to abide by the stipulations as detailed in paragraphs 1 to 4 of this application.

DESCRIPTION	ADD MEM 1	ADD MEM 2	ADD MEM 3	ADD MEM 4
NAME				
SURNAME				
RELATIONSHIP TO MAIN MEMBER				
WORK TEL				
CELL NUMBER				
DATE				
SIGNATURE				

Main Member Signature: _____ Date _____

CSVA FOR OFFICE USE ONLY:	ACCEPTED		DECLINED	
NAME	POSITION	DATE	SIGNATURE	