



UMTENTWENI CPF

MEMBERSHIP APPLICATION FORM

FOR OFFICE USE ONLY

Membership No: _____

Allocated Sector: _____

MEMBER DETAILS

1. Name and Surname: _____
2. ID Number: _____
3. Contact Number: _____
4. Email Address: _____
5. Residential Address: _____

SPOUSE/ PARTNER/ NEXT OF KIN DETAILS

7. Name and Surname: _____
8. ID Number: _____
9. Contact Number: _____
10. Email Address: _____
11. Residential Address: _____

CHILDREN

13. Name & Date of Birth: _____
Name & Date of Birth: _____

OTHERS ON PREMISES

14. Name & Surname: _____
Status: (e.g. worker, tenant) _____
Name & Surname: _____
Status: (e.g. worker, tenant) _____

VEHICLE DETAILS

15. Make, Model and Colour: _____
Vehicle registration number: _____

PATROL DETAILS

16. Preferred patrol hours: _____

Signed at _____ on _____ day of _____ 2021.

Full Name

Signature