



POLOKWANE CPF Sector _____

Membership Application and Information Form

Member Details			
Name:		Surname:	
Contact nr:		E-mail:	
Address:			
Employer:		Date of birth:	
Spouse / Partner Details			
Name:		Surname:	
Contact nr:		E-mail:	
Employer:		Date of birth:	
Children			
Name & Date of birth:			
Other's on Premises			
Name & Surname:			Status: (e.g. Worker, Tenant)
Are you willing to do Patrols at night?			

Emergency Contact			
Name:		Surname:	
Contact nr:		Relationship:	

Indemnity:

I _____ with ID nr _____ hereby confirm that I am a voluntary member of the Sector ___ Community Police Forum (CPF).

I confirm and understand that being a member of the CPF, I may be exposed to certain dangerous and volatile situations. All members associated with the CPF, act in their own capacity as individuals and will be liable for their own actions.

The CPF and South African Police Service (SAPS) are hereby indemnified.

Signed at _____ on the _____ day of _____ 20____.

Member Signature: _____