GILLITTS PARK MEMBERSHIP APPLICATION FORM

gillitts park

Tel: 0716242099 Fax No: 031 570 1048
E-Mail: admin@gillittspark.co.za

Gillitts Park Membership / House per month:

Core membership: ☐ *(Please tick your option)* R 50.00 *Per month / or* R 600.00 *Annual payment in advance.*

Cell panic Service: ☐ *(Please tick if you require this service and we will direct the security companies to contact you)*

Physical Address: _____ Land Line No: _____

_____

_____ Security/Alarm Response Co: _____

Postal Code: _____

Guard Dogs: _____

MR | MRS | MISS | DOC | PROF

Primary Member _____ Surname: _____

CELL No: | | | | | | | | | | | M | F

ID No / Passport: | | | | | | | | | | | | | | |

Email Address: _____

MR | MRS | MISS | DOC | PROF

Secondary Member: _____ Surname: _____

CELL No: | | | | | | | | | | | M | F

ID No / Passport: | | | | | | | | | | | | | | |

Email Address: _____

MR | MRS | MISS | DOC | PROF

Dependent: _____ Surname: _____

CELL No: | | | | | | | | | | | M | F

ID No / Passport: | | | | | | | | | | | | | | |

Email Address: _____

MR | MRS | MISS | DOC | PROF

Dependent: _____ Surname: _____

CELL No: | | | | | | | | | | | M | F

ID No / Passport: | | | | | | | | | | | | | | |

Email Address: _____

By signing this membership form I understand, agree and commit to the constitution and objectives of the association. This information will be kept on a secure database and used solely for the purposes of the Association as stated in the Constitution.

Banking Details: **GILLITTS PARK COMMUNITY ASSOCIATION.**
Bank: **Standard Bank Hillcrest (045726)**
Account Number: **337 665 206**

Payment Details: (Please check which option)
Monthly: ☐ Date: ☐
Annually: ☐ Date: ☐

Signed: _____ Date: _____