

## **AWB EN BRANDWAG**

## MEMBERSHIP APPLICATION

Tel: 018 264 2516 (Ask for fax line) Tel: 018 264 3669 P. O. Box 274 Ventersdorp. 2710

## email: mtb@telkomsa.net of awbhoofkantoor777@gmail.com

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Title		Surname					Initials			
ID No				First Name:						
Address:				Postal Address:						
									Postal Code	e:
Postal Code:			Area:							
Home Tel:				Work Tel:		Email:				
Cell phone I	lumbers									
Member	Surname			Initials	Title	First Name		Cell No:		
Spouse	Surname			Initials	Title	First Name		Cell No:		
Dependant	Surname			Initials	Title	First Name		Cell No:		
Dependant	Surname			Initials	Title	First Name		Cell No:		
Dependant	Surname			Initials	Title	First Name		Cell No:		
Dependant	Surname			Initials	Title	First Name		Cell No:		
Dependant	Surname			Initials	Title	First Name		Cell No:		
<b>•</b>	Dependant	have to be	living at the	same addı	ress as the p	orimary mer	mber.			
<b>•</b>	If your add	ress or deta	ils change	it is your re	sponsibility	to let head	office know	v.		
•	•	phone num	•	-						
Membership Fees: Minimum of R70 per month for a single person or R80 per family, R45 pensioners rate per month Payment method: (a) Debit Order (b) EFT or Cash payment Monthly/ Yearly										
(a) debi	t order	R	monthly /	yearly (Chose	e one)					
Rooigrondbewarings fonds ABSA Ventersdorp Account Number: 2250143837										
Members Banking Details Bank			Branch			Branch Code				
Bunk				Branon			Dianon coa	J		
Account Nun	nber									
				Account Type:			Cheque	Savings	Transmission	
I request and empower you to debit my account at the above bank in the							Transmission			
amount of	- Cpoo. jo	R	r	in words)						
Debit Order	late		(day)				(month)			(year)
Monthly			(44.)				(,			
Yearly		1								
Signed at				on this		day of				20
SIGNITURE					NAME	,				1

All such withdrawals from my account by you are treated as though undersigned personally by myself I understand that the authorised withdrawals will be processed by computer through a system known as Mag tape service, and I also understand that the details of every withdrawal will be printed on my statement, or an accompanying slip.

The authorisation can be cancelled by me by submitting a 30(thirty) day written notice and send per email. I also understand that I am not entitled to refunds of monies withdrawn by you while the authorisation was in force, if any amounts were owing to you.



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OR										
(B) Cash	<b>EFT</b> R	mo	onthly/yearly (Chose o	ne) You mus	t use your me	embership number as	reference.			
		Rooigrondbew	arings fonds							
		ABSA Venterso	lorp							
		Account No: 22	250143837							
		Reference no:	Membership Number							
How does	our Brandwa	g Emergency SM	S System work????							
<b>•</b>	When we receive your application and it is accepted. We will issue you with a membership number.									
	You will then be activated on our Brandwag System.									
٥	You are required to save the number 083 855 8772 on your contact list on your phone under the name AANVAL(Attack)									
٥	number. O	In case of a emergency in your home or a home invasion you simply send a SMS to the above cell phone number. Our system will send a alert message to all the members in your area, they will receive your physical address and will know immediately where help is needed.								
٥	This syster	m is also used to	keep you informed o	of any situat	ion regarding	g your safety at all ti	mes.			
Signed at			this the		day of		20			
SIGNATUR	RE			NAME						
						Office Use				
						Membership Nun	nber:			

