Return to>admin@trotspellissier.org
www.trotspellissier.org

NPO 222-445
Pellissier Woonbuurt Assosiasie T/A Trots Pellissier

ADMIN 060 724 3209

APPLICATION FORM

NEIGHBORHOOD ASSOCIATION >> ALSO AVAILABLE IN AFRIKAANS<<

MAIN MEMBER		
Surname, Initials	**Nickname**	
ID Number	**Contact Number**	
Physical Address		
E-mail address		
Occupation/Business	**Home Language AFRIKAANS**	**Home Language ENGLISH**
SPOUSE (if applicable)		
Surname, Initials	**Nickname**	
ID Number	**Contact Number**	
E-mail address	**Occupation/Business**	
Residential R200	**Town House R150**	**Pensioner >>Older than 60 years R150**

I hereby undertake,_____(Name & Surname)with the application of membership of the Trots Pellissier Neighborhood Association to pay my membership fees for a period of 12 months, or for as long as I am in the neighborhood as resident. Payment will be monthly. I also undertake that if I do not want or can no longer be a member, I will then give 2 calendar months written notice of my intention to no longer be a member. The monthly fee will still be paid during the notice period.

I hereby giveTrots Pellissier permission to process my personal information for the purpose of my Trots Pellissier membership, and therefore to receive e-mail / telephone communications related to my membership. I also confirm that I hereby agree to be added to a public WhatsApp group to keep abreast of all developments regarding Pellissier and my membership (Which I may leave at any time).	**Please Tick** ☐ Yes ☐ No
Do you prefer to be on the (CLOSED) quiet WhatsApp group, with only official and important posts? No interaction YES ☐	**OR Do you want to be on the open WhatsApp group, with some member interaction allowed? YES ☐**
DATE	**SIGNATURE OF MEMBER**
BANK DETAILS▶	**PELLISSIER WOONBUURT ASSOSIASIE ABSA 40 9684 9191 CHEQUE ACCOUNT BRANCH: Prellerplein BRANCH CODE: 632005**