

MEMBERSHIP APPLICATION



POTCHEFSTROOM

FIRE PROTECTION ASSOCIATION

NPO 155-602 / NPC 2013/008141/08 / DAFF 1003/01
CSD: MAAA0127537

Box 5091 Kockspark 2523
E-mail: admin@potchfpa.co.za
Tel. :067 373 0901
Fax : 086 502 4657

OFFICE USE	
MEMBER NO.:	RG:

PERSONAL INFORMATION

TITEL	SURNAME	FULL NAMES

ID. NO.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																			Nickname	

POSTAL ADDRESS		KODE	
RESIDENTIAL ADDRESS			

TELEPHONE	CODE	NUMBER	CODE	NUMBER
RESIDENCE			WORK	
FAX			CELL no. 1	
E-MAIL			CELL no. 2	

TICK THE APPROPRIATE BOX	Owner:		Owner:	Permanent		Language:	Afrikaans	
	Lessee:			Only weekends			Engels	

Two-way radio info

Do you have a two-way radio?

Yes		Call sign:	
No			

GENERAL INFO

Tick where applicable	YES	NO	Specified
Do you have any firefighting experience?			
Do you have any firefighting equipment?			
Do you have any medical experience?			
Do you have any police experience?			
Any medical problems?			

I the undersigned hereby apply for membership towards the Fire Protection Association of Potchefstroom. I agree to obey the Constitution and rules and regulations of this organization. I agree to work under the authority of the Chairman or his secondi at all times.

.....
Signature: Owner/ Lessee

.....
Date