

RUSTENBURG PEOPLE'S PARTY



RUSTENBURG
PEOPLE'S PARTY

Membership Number:

Membership Fee:
R10 for 24 Months

PERSONAL INFORMATION

SURNAME :

FIRST NAMES :

DATE OF BIRTH:

ID NO :

ADDRESS :

AREA : WARD :

CELL NO 1 : CELL NO 2 :

E-MAIL :

AUDITED BY :

DERMOGRAPHICS

GENDER : LANGUAGE :

ETHNICITY :

YOUTH : DISABILITY :

EMPLOYMENT : PROFESSION :

BUSINESS :

OTHER :

BANKING DETAILS:

Account Name : Rustenburg People's Party
Bank : First National Bank
Account No : 63114292731
Branch Code : 260655
Reference : ID Number

Please note that a proof of membership fee payment should accompany this form and that each member is liable for their own membership fee payment.



MEMBERSHIP OATH

I solemnly declare that I will abide by the aims, objectives and policies of the organization as set out in the organization's Constitution. I voluntarily join the organization without any motive of personal gain or material benefit, and understand that I am not entitled to any positions or deployments. I will participate in the life of the organization to strive towards economic development, service delivery and emancipation of the Rustenburg communities. I will do so as a loyal, active and disciplined member of the organization.

I further commit to abide by the principles underpinning the organization and the objectives of local government, good governance and participatory democracy which provides that an individual is subordinate to the organization, the minority is subordinate to the majority, the lower level is subordinate to the higher level, and decisions of the upper structures are binding on the lower structures.

**Member
Signature:**

Date :

**Application
Accepted By:**

**Audited
By:**

**Approved By
Secretary
General :**

Signature:

Date:

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