

# ROODEKRANS NEIGHBOURHOOD WATCH

(ROODEKRANS, WILROPARK, BREAUANDA, POORTVIEW, HELDERKRUIN VIEW)

## MEMBERSHIP FORM



For a crime free neighbourhood – Don't respond to crime prevent it. Become a member, for your family's safety  
(ONLY ONE FORM PER RESIDENTIAL ADDRESS)

<b>Residential Address:</b>	
Street name: _____	No.: _____
Suburb: _____	Route: _____

Email completed registration form to: [ops@roodekranswatch.com](mailto:ops@roodekranswatch.com) or hand in at the Operational Office,  
Ridgegate Shopping Centre, Wilde Amandel Street.

	MAIN MEMBER:	SECONDARY MEMBER: (Spouse, etc.)
First Name:		
Surname:		
Home number:		
Work number:		
Cell number:		
E-mail address:		
Birth Date:		
I.D. Number:		
Occupation:		
Disabilities:		

**Participation:**

If you would like to participate in any of the following please tick the appropriate box:				
Car Patrols <input type="checkbox"/>	Street Co-ordinator <input type="checkbox"/>	Victim Support <input type="checkbox"/>	Trauma Counselling <input type="checkbox"/>	WhatsApp Group <input type="checkbox"/>
Foot Patrols <input type="checkbox"/>	Administration <input type="checkbox"/>	Marketing <input type="checkbox"/>	Recruiting <input type="checkbox"/>	CCTV Availability <input type="checkbox"/>

**Current Contracted Security Company (if any):**

ADT	Chubb	APCAN	Dowry	DMS Security	Other: _____
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**Membership Fees: Payable by Cheque, Cash or Bank Deposit (Please tick (✓) appropriate box)**

Description	Fee	Period	✓	Payment total
Registration fee	R100 (Compulsory)	Once-off	✓	R100
Monthly Membership Fee	R70	Monthly		
Yearly Membership Fee	R700	Yearly		
Debit order	R70 (Complete form at back)	Monthly		

**Note: Please inform us via email when you are moving house for us to be able to keep our database up to date**

<b>Yes</b>	Are you interested in a two-way-radio at the cost of R3 000 (CASH ONLY) Please contact Cherie Lowe <b>082 716 9248</b>
<b>No</b>	<b>Note: radio price subjected to change because of rand/dollar exchange</b>

**UNDERTAKING:**

I herewith authorise the Roodekrans Neighbourhood Watch and its reaction unit to enter my property to conduct a lawful search and/or to arrest any suspect on my Property. I herewith waive any rights and hold the Roodekrans Neighbourhood Watch and its representatives harmless against any claim howsoever arising whilst carrying out any lawful function for and on behalf of the Roodekrans Neighbourhood Watch. All and any information given by me will be regarded as strictly confidential and will be used for internal purposes only. I acknowledge however that all members may from time to time receive e-mails and a SMS from the Roodekrans Neighbourhood Watch containing critical and personal information to which I herewith consent.

On payment of your entrance fee, you will be supplied with a signboard reflecting your membership of the Neighbourhood Watch. The sign remains the property of the Neighbourhood Watch, and upon termination of membership for any cause whatsoever, you hereby authorise the Neighbourhood Watch, or any duly authorised representative to remove the sign from your premises. **(Signboards 4-6 weeks to deliver)**

Monthly membership fees strictly to be paid by the first of a month. Member resignations from the Neighbourhood Watch must be done in writing and clearly state from which date. All membership fees must be paid to date of resignation.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR MORE INFORMATION:**

Web: [www.roodekranswatch.com](http://www.roodekranswatch.com) Email: [ops@roodekranswatch.com](mailto:ops@roodekranswatch.com)  
Operational Office: 081 043 9488 / 087 150 1884 (Radio Code: Oscar 1) email: [ops@roodekranswatch.com](mailto:ops@roodekranswatch.com)

**Bank details:**

First National Bank Branch: Main Street, Johannesburg – Code: 251 705 Account Number: 621 307 995 49  
Reference: Please use your **street address** as the bank reference. Email proof of payment to: [kenneth@symbol.co.za](mailto:kenneth@symbol.co.za) and [ops@roodekranswatch.com](mailto:ops@roodekranswatch.com)

## BANK DEBIT ORDER INSTRUCTION:

FOR OFFICE USE ONLY:	
Date:	
Contract no.:	
Debit amount:	
Commencement Date:	

### Dear Sirs/Madams

The details of my/our account are as follows:

Bank:		Branch:	
Type of account:		Branch code:	
Account number:			
Account name:			

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

- i) On the 1<sup>st</sup> / last day ("payment day") of each and every month commencing on \_\_\_\_\_.  
In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii) I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

### MANDATE:

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions have been issued by me/us personally.

### CANCELLATION:

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

### ASSIGNMENT:

I/We acknowledge that this Authority and Mandate has been ceded to Netcash (Pty) Ltd As per your agreement with Netcash (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

### SIGNATURE (AS USED FOR SIGNING OF THIS BANK ACCOUNT:

Please email completed debit order form to: [kenneth@symbol.co.za](mailto:kenneth@symbol.co.za)

Please email completed membership application form to: [ops@roodekranswatch.com](mailto:ops@roodekranswatch.com)

FOR OFFICE USE: AGREEMENT REFERENCE NUMBER:

This Agreement reference number is: \_\_\_\_\_