BOPHUTHATSWANA CIVIL MOVEMENT

Membership Application Form

⚠ IMPORTANT: USE BLACK PEN ONLY. WRITE IN CLEAR BLOCK LETTERS WITHIN THE BOXES FOR OCR PROCESSING.

1. PERSONAL DETAILS

FULL NAMES

SURNAME

SOUTH AFRICAN ID NUMBER (13 DIGITS)

☐☐☐☐☐☐☐☐☐☐☐☐☐

DATE OF BIRTH

GENDER

☐ Male ☐ Female ☐ Other

NATIONALITY

PROFESSION

2. CONTACT & VOTER STATUS

MOBILE NUMBER

EMAIL ADDRESS (OPTIONAL)

REGISTERED TO VOTE?

☐ Yes ☐ No

3. RESIDENTIAL ADDRESS

HOUSE NO. & STREET NAME

VILLAGE / TOWNSHIP

PROVINCE

REGION / DISTRICT

WARD NO.

4. MEMBERSHIP & BANKING DETAILS

MEMBERSHIP PERIOD: ☐ 1 Year ☐ 2 Years ☐ 5 Years

MEMBERSHIP FEE: **R 20.00**

OFFICIAL BANKING DETAILS

BANK NAME: FNB (First National Bank)

ACCOUNT NUMBER: 632 019 951 99

BRANCH CODE: 210 554

SWIFT CODE: FIRNZAJJ

Declaration: *I voluntarily commit to the objectives, values, and principles of the BCM as set out in its Constitution and Code of Conduct. I pledge to uphold the Constitution, serve the movement with discipline, and promote unity, ethical conduct, and loyalty. I understand that membership is a solemn responsibility.*

APPLICANT SIGNATURE

DATE SIGNED