

Constantia Village Residents Association



Application Form

Name of Householder	
Address	
Telephone	
E-mail	
<p>I, _____ hereby undertake to contribute R _____ per month or once a quarter (see fees noted below), for Constantia Village Resident's Association (CVRA).</p> <p>I agree that, should I decide to cancel this pledge, I will give the CVRA one calendar months' notice, and, further, that this undertaking shall remain valid and in force until such notice period has expired.</p> <p>Methods of Payment :</p>	
<p>Option 1 I will credit the CVRA bank account (see details below) with the above amount by electronic transfer or direct deposit every month, or quarter. Please use your initial and surname as well as address as reference</p> <p>Option 2 I will submit cash/a cheque for the above amount to the Treasurer on a monthly or quarterly basis. Please note that cheques must be made out in favour of CVRA.</p> <p>Delete option not applicable Initial _____</p>	
CVRA Bank Details :	Standard Bank
	Johannesburg branch
	Account Number : 005 741 319
Signature	Date

NB For this service to remain viable it is essential that at least 90% of the households in the village contribute.

PRICES (monthly) – (increased once per year. Fees below are applicable for 2017)

- R90.00 for the CVRA fees (If unaffordable please negotiate with the Treasurer, giving reasons).
- R50 for CVRA fees for single parents with limited income. Please motivate reason for this choice.
- R50 for CVRA fees for retirees who are not working or those earning a very small income – suggested age 65 and over. If you are unable to afford R50 please suggest the fee amount you are able to pay.

Please contact Thys Buitendag on 082 467 6790 or Karen Poole on 082 851 5918 or email cvra.office@gmail.com for any assistance needed.



MEMBER PERSONAL INFORMATION (OPTIONAL)

The information you give to the CVRA will be captured into our database for us to be able to email you the police reports, police warnings, CVRA newsletter and other correspondence. The additional information will also assist us to contact someone in times of emergency.

Personal Details	Householder	Spouse/Partner/Other
Surname		
First/Preferred Name		
Birthday		
Home Telephone Number		
Cell Number		
Work Telephone		
Email address		
Members of the household other than those mentioned above		
Name	Relationship to Member	Birthday
In Case of Emergency : Contact details of a friend or relative not living with you.		
Name	Telephone Number	Mobile Number
Any other relevant information		

Your personal information will not be shared with any other person or entity and is for the use of the CVRA only.

Do you want to be added to the CVRA WhatsApp group? YES/NO
 If YES please supply cell phone to be used: _____