



Athlone Park Community Police Sub Forum

Website: www.AthloneParkCPF.org.za

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APPLICATION FOR MEMBERSHIP

FIRST NAME AND SURNAME

.....

ATHLONE PARK ADDRESS:.....

CONTACT DETAILS : (H).....(W).....(CELL).....

WHATSAPP: YES / NO TOTAL NO. OF PEOPLE LIVING ON PROPERTY :

E-MAIL ADDRESS:

PARTICULARS OF MUNICIPAL ACCOUNT HOLDER

FIRST NAME AND SURNAME:

CELLPHONE NUMBER:

E-MAIL ADDRESS:

WHATSAPP: YES / NO

PARTICULARS OF DOMESTIC WORKER

FIRST NAME AND SURNAME:

CELLPHONE NUMBER:

PARTICULARS OF GARDEN ASSISTANT

FIRST NAME AND SURNAME:

CELLPHONE NUMBER:

DETAILS OF ALARM SERVICE PROVIDER:

MEMBER OF CCPO: YES /NO

PLEASE ATTACH A COPY OF THE TOP PORTION YOUR METRO SERVICES ACCOUNT AS CONFIRMATION OF ADDRESS AND EMAIL YOUR APPLICATION TO:

forms@AthloneParkCPF.org.za