



WATCHERS & GATEKEEPERS MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THE FOLLOW INFORMATION:

PLEASE Choose 1 of the 3 blocks to sign up.

Please complete the form with utmost care. Please use a black pen. Please write clearly.

INDIVIDUAL SIGN UP

Title:		First Name:	
Date of Birth:		Last Name:	
ID Number:		Position of leadership in your community:	
Email address:			
Alternate number/ email to receive information from us:			
Address:			
		Postal Code:	
Telephone Number:		Cell Number:	
Email Address:			

CHURCH SIGN UP

Church Name:		Position in your church:	
Senior Pastor:		Size of Congregation:	
Church Address:			
		Postal Code:	
Cell Number:		Email Address:	

ORGANISATION SIGN UP

Organisation Name:		Position in your Organisation:	
Address:			
		Postal Code:	
Cell Number:		Email Address:	

I/We hereby apply for membership to Watchers & Gatekeepers. The organization is indemnified against any claim whatsoever which may arise out of any advice, counselling or assistance given by any board members, employee, or voluntary worker of the organization. Such advice, counselling or assistance is given by the organization in good faith. I/We hereby agree and consent to receive notices, notifications and communications from Watchers and Gatekeepers. Watchers and Gatekeepers will not, under any circumstance, share your personal information with other individuals or organizations without your prior permission, including public organizations, corporations or individuals, except where applicable by law. We will not sell, communicate or divulge your information to any mailing lists.

Name of person submitting this form:		Signature of person submitting this form:			
Date of Signature:	DD / MM / YYYY	Would you like to be involved?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO				

PLEASE SEND COMPLETED FORM BACK TO:

Membership@watchers.africa