



BIGSA MEMBERSHIP REGISTRATION FORM

PLEASE CHOOSE TYPE/S OF MEMBERSHIP:

- FULL MEMBERSHIP
- PENSIONERS MEMBERSHIP (60+ Of Age)
- YOUTH MEMBERSHIP (16yrs -35yrs)
- VOLUNTEER (Any age)
- WOMEN'S LEAGUE (All ages)

RECRUITERS NAME

PERSONAL DETAILS :

SURNAME :	NAME:
GENDER :	IDENTITY NUMBER :
ADDRESS:	PROVINCE :
	REGION :
	WARD :
	VOTING DISTRICT:
CONTACT NUMBER/S :	EMAIL ADDRESS :
NEXT OF KIN NAME:	CONTACT NUMBER/S:
RELATIONSHIP :	ADDRESS:
ARE YOU AVAILABLE TO ASSIST BIGSA IN POLITICAL/ COMMUNITY VOLUNTARILY WORK? (TICK) YES...../NO.....	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU A MEMBER OF ANY POLITICAL PARTY?

DECLARATION :

ISolemnly Declare To Abide By **BIGSA Political Party Constitution**, Its Policies , Resolutions And Offer Myself As A Volunteer With No Material Benefit , Be A Loyal Member , Promote ,Recruit Members For BIGSA , Offer My Expertise ,Work In Discipline , Integrity, Respect And Reputation For The People. I Abide To Respect The Republic Of South Africa Constitution. I Commit To Respect Leadership Of BIGSA And Other Members In All Communications Platforms , Combat Factionalism, And Respect Code Of Conduct As Set Out.

I Commit In Assisting BIGSA, To Conduct Its Work & Assistance In Various Spheres Of Our Communities And Attend Meetings On Regularly Basis.

Signature :

Date :

For Office Use : Date Form Received :.....:

Address : 1979 Tshekedi Street , Dube Village,Soweto (Next to Dube Shoprite)

Form to be scanned and sent to membership@bigsa.org.za or via Whatsapp to 063 237 5709

www.bigsa.org.za