



Membership Application Form

Organisation details

Organisation Name		
Nature of organisation		
Name of senior principal		
Address of organisation	Line 1:	
	Line 2:	
	Line 3:	
	City:	
	Code:	
Primary contact number of organisation:		
Primary contact e-mail address of organisation:		
Office Bearer 1:	Name:	
	Designation in organisation:	
	Contact Number:	
	E-mail Address:	
Office Bearer 2:	Name:	
	Designation in organisation:	
	Contact Number:	
	E-mail Address:	
Office Bearer 3:	Name:	
	Designation in organisation:	
	Contact Number:	
	E-mail Address:	



Membership Application Form

Number of active veterans who form part of this organisation	
Website address of organisation:	
Facebook page address of organisation:	
Please specify any other social media accounts of organisation: (example: Twitter)	

Application details

Membership category	<input type="checkbox"/>	Full member	<input type="checkbox"/>	Associate member
Motivation for application				

Supporting documents accompanying this application

Copy of organisation constitution	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of minutes to indicate leadership election	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of minutes to indicate acceptance of constitution or resolution	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Form name:

CMVO Membership Application Form

Page 2 of 4

Issue number:

01/2014
Reviewed

Date of issue: 22/01 /2014
10/01/2017

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Other – please specify	
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Declaration

<p>I, _____, the undersigned and senior principal of _____, hereby declare that:</p> <ul style="list-style-type: none"> i. all information provided in this application is accurate and true ii. I have read and understood the Constitution of the CMVO and have shared it's content with the rest of our organisation iii. the objectives and constitution of our organisation are aligned with the CMVO and that we will serve accordingly 	
Date of application	
Signature of senior principal	

For office use

Date of receipt by CMVO	
Signature of CMVO Secretary General	

Decision	Membership granted		Yes	No
Membership category	Full	Associate		

Form name:

CMVO Membership Application Form

Page 3 of 4

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Membership Application Form

Membership fee		
Welcome letter	Issue date	
Membership certificate	Handover date	
Date of decision by CMVO		
Signature of CMVO Chairperson		

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Page 4 of 4

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