



AMALGAMATED RAINBOW MOVEMENT

MEMBERSHIP

Your Voice. Our Action.

Shop 5, Cnr Goud and Turf Avenue, Eldorado Park • Info@armovement.org.za

MEMBERSHIP NO.: ARM-_____ DATE: ____ / ____ / ____

1. PERSONAL DETAILS

Full Name & Surname: _____

ID Number: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Cell Number: _____

Alternative Number: _____

Email Address: _____

Registered Voter: ☐ Yes ☐ No

Dependents: _____

2. RESIDENTIAL DETAILS

Residential Address: _____

Suburb: _____

Address (continued): _____

Ward: _____

Voting District: _____

Branch / Region: _____

3. MEMBERSHIP & BACKGROUND

Occupation: _____

Highest Qualification: _____

4. SKILLS & INTERESTS

- ☐ Community Development ☐ Youth Development ☐ Education ☐ Housing
☐ Women's Development ☐ Administration ☐ Events ☐ Media & Communications
☐ Fundraising ☐ Safety & Security ☐ Other: _____

5. VOLUNTEER AVAILABILITY

- ☐ Weekdays ☐ Evenings ☐ Weekends ☐ Election Campaigns

6. DECLARATION

I hereby apply for membership of the Amalgamated Rainbow Movement (A.R.M.) and declare that the information provided is true and correct. I undertake to uphold the Constitution, values and Code of Conduct of the Movement.

Applicant Signature: _____ Date: ____ / ____ / ____

7. OFFICE USE ONLY

Membership Number: _____

Branch / Region: _____

Approved By: _____

Date: ____ / ____ / ____

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