

DEATH PENALTY SUPPORTERS

www.dpsupporters.co.za

APPLICATION FOR MEMBERSHIP

Name: _____

Surname: _____

Sex: Male ____ / Female ____

ID number: _____

Address Line 1: _____

House nr. and street: _____

Suburb: _____

Town: _____

Municipality: _____

Province: _____

Cell: _____

Email: _____

Work: _____

Membership status : Supporter ____ / Active ____

PROCLAMATION:

1. I am an adult, over 18 years of age.
2. I will abide by the constitution and rules of this organisation.
3. I deny my racial lineage. I am not a Coloured, Black, Indian or White person. I also don't consider fellow South African citizens in terms of race. I am first and foremost a South African.
4. I petition the South African government to reinstate the death penalty for premeditated murder.
5. I ask the South African government to administer the death penalty on my perpetrator(s) should I be killed by murder.
6. I accept the punishment of the death penalty should I commit a murder intentionally.
7. I participate in this organisation freely and willingly, and reserve the right to cancel my membership at any time.
8. That the leadership can terminate my membership without providing reason at any time should I bring the organisation into disrepute.

Signature: _____

Date joined: _____