Membership Application Form

Park Lane, Blairgowrie, Randburg
Phone: (011) 789 2226

Email: info@randburgsquash.co.za

Principal member

First Name(s)		Surname	
Postal address		ID No	

Contact details

Tel No – Work		Home	
Mobile No		e-Mail address	

Additional members:			
Name	Date of Birth	Email	Cell No

I hereby apply to become a member of Randburg Squash Centre and accept and abide by the rules and regulations as laid down by the Management of Randburg Squash C entre. I absolve Randburg Squash C entre from responsibility for any personal injury or any loss and/or damage to my property whilst on the premises, including the car park. A valid Student Card will be required prior to acceptance of membership application (if under 23 years). You are required to give 1 month's written notice for cancellation of membership.

All proof of EFT payments must be sent to info@ randburgsquash.co.za before details will be loaded onto the system.

CASH PAYMENT ON REGISTRATION							
Membership Light Card Fee							R50
First month's subscription enclosed only when paying by debit order							
Family	R215	Couple	R190	Full member	R150	Student	R100

DEBIT ORDERS						
Name of institution						
Branch						
Type of account	Cheque		Transmission		Savings	
Account No						
Bank branch code						
Account holder						

Signature	Date

*************** For Office use only *****************

Staff name		Entered on system		Signature	
Comments					
All details on the form are correct and all payments have been made					[Y] / [N]

Banking details: Standard Bank, Bedford Gardens
Account No: 022572848 – Branch Code: 018305   Account Holder: ZILTREX140