



APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE AND SIGN THIS APPLICATION FORM, IN THE SPACES PROVIDED BELOW.

SURNAME: _____ FIRST NAME: _____

ID NO: _____ TEL NO (W): _____

CEL NO: _____ TEL NO (H): _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ POSITION: _____

RESIDENTIAL ADDRESS : _____

I hereby apply for membership at Springs Squash Club and attach payment of my subscription herewith.

MEMBERSHIP TYPE: _____ SIGN. OF APPLICANT: _____

MEN: R650 LADIES: R550 STUDENTS: R450 JUNIORS: R350

LIGHT UNITS: R5 EACH FOR 15MIN

AMOUNT PAID: _____ METHOD: _____ DATE: _____

Banking Details:

ABSA

Acc name: C Prinsloo

Savings Account

Acc no: 9282981194

Branch no: 632005

Proof of payment to: squashsprings@gmail.com

Office Use Only:

ACCEPTED BY: _____ DATE: _____