



## 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 : \_\_\_\_\_

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

MEMBERSHIP TYPE: \_\_\_\_\_ SIGN. OF APPLICANT: \_\_\_\_\_

**MEN: R980      LADIES: R850      STUDENTS: R650      JUNIORS: R550**

**LIGHT UNITS: R10 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](mailto:squashsprings@gmail.com)

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**Office Use Only:**

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_