



## Membership Application Form

Park Lane, Blairgowrie,  
Randburg

Phone: (011) 789 2226

Email: [info@randburgsquash.co.za](mailto:info@randburgsquash.co.za)

**Principal member**

First Name(s)	
Postal address	

Surname	
ID No	

**Contact details**

Tel No – Work	
Mobile No	

Home	
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 Centre. I absolve Randburg Squash Centre 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](mailto: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]