

The Shongweni Club

Membership Application Form (1st JAN 2022 to 31st DEC 2022)

The Shongweni Club
P.O. Box 62 Hillcrest 3650
admin@shongweniclub.co.za
TEL: 031-7681251

Standard Bank Hillcrest
Account: 052010538
Branch Code: 045726



TITLE(MR/MRS/MISS/MS) : _____ FULL NAME: _____

LIST FAMILY MEMBERS IF APPLICABLE _____

ID NUMBER _____

PHYSICAL ADDRESS _____

EMAIL _____ CELL _____

WORK _____ HOME _____

Please identify with an X which category you require

| CATEGORY | X | PRICE | AMOUNT |
|--|---|--------|--------|
| FULL MEMBER | | R1 925 | |
| SOCIAL/SENIOR (65 AND OVER) | | R1 430 | |
| STUDENT | | R1 430 | |
| COUNTRY (MUST LIVE 50KM OR MORE FROM THE CLUB) | | R1 430 | |
| JUNIOR (18 AND UNDER) | | R950 | |
| FAMILY (2 ADULTS AND 2 CHILDREN UNDER 18) | | R2 650 | |
| ENTRANCE FEE | | R275 | |
| GATE TAG | | R50 | |
| MEMBERSHIP CARD | | R100 | |
| | | | |
| | | TOTAL | |

I have read & agree to abide by the current DSC Constitution as well as Club Rules & Regulations in force and amended from time to time should my application be approved. I undertake to inform the Club office of any changes in my particulars, especially my address, phone & e-mail address. I understand that routine communication from the Club will sent be to my registered e-mail address.

Signature: _____ Date: _____

PROPOSER _____
Print Name Signature

SECONDER _____
Print Name Signature

The Proposer and Seconder must be full members in Good standing and have been members of The Shongweni Club for not less than one full Club year.

| | |
|---------------|--|
| Membership No | |
| Date Approved | |