

APPLICATION FOR MEMBERSHIP OF COTSWOLD DOWNS LIFESTYLE CENTRE

I hereby apply to Cotswold Downs Lifestyle Centre for the following membership:

Full Non Resident

Five Day

Country

Le Domaine

Summer Special

Full name _____

Residential address: _____

Additional Address: Postal Address: _____

.ID Number _____

Home Telephone number: _____

Office Number: _____

Fax Number: _____

Mobile Number: _____

Email Address: _____

Handicap: _____

Do you wish to be handicapped at Cotswold Downs? _____

Names of the other clubs of which you are a member: _____

Has your membership ever been terminated by any other club? _____

if yes, state the reason: _____

PROPOSED BY: _____

MEMBER NUMBER: _____

If elected for Membership, I hereby agree to fully abide by the constitution of Cotswold Downs Lifestyle Centre. I agree to pay the under mentioned fee upon submitting this application. In addition I accept that the annual subscription fee is due and payable at the end of Cotswold Downs' financial year end February each year.

Resignations must be submitted in writing, prior to that date failing which I will be liable for the following year's subscription

DATE: _____

APPLICANT SIGNATURE: _____

ENTRANCE FEE: _____

ANNUAL SUBSCRIPTION: _____

REC. NUMBER: _____

CARD FEE: _____

KZN AFF FEE: _____

APPROVED BY MANAGEMENT: _____

PRO RATA SUBS: _____ TOTAL _____

DATE:

Please use your initial and surname as reference when doing EFT or deposits

Banking Details