



PARKVIEW SQUASH CENTRE

Tel: 011-646 2051
Fax: 011-486 4108
Fax2Email: 0865-809 484
e-mail: psc@parkviewsquash.co.za

Cnr Emmarentia Ave & Carlow Rd,
Parkview, Johannesburg.
Postal: Private Bag X03, Northlands, 2116.

APPLICATION FOR FAMILY MEMBERSHIP 2020

(Please print all details)

MAIN MEMBER

SURNAME: _____ FIRST NAME: _____

POSTAL ADDRESS: _____ TEL (h): _____

_____ CODE: _____ (w): _____

e-mail: _____ (cell): _____

(Please include as all club information is sent via email)

ADDITIONAL FAMILY MEMBERS:

FIRST & SURNAME	RELATIONSHIP (plus age if Junior)	CELL	EMAIL
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

FEES:

	Main Member	Spouse	Child	
Membership fee Jan-Dec 2020	R3120	R1820	R 1370	(inc. of R250 Squash SA Court Affiliation Usage and R120 Personal Affiliation Fee – These levies will be paid directly to Squash SA on your behalf)
Plus Joburg Squash league levy*	<u>R 400</u>	<u>R 400</u>	<u>R 400</u>	*(Only applies to Gtg League players)
Plus Joburg Masters league levy**	<u>R 400</u>	<u>R 400</u>	<u>R ***</u>	** (Only Gtg Masters League players and paid before 31 March)
Total	<u>R _____</u>	<u>R _____</u>	<u>R _____</u>	

I hereby apply to become a member of Parkview Squash Centre and agree to abide by all the rules and regulations as laid down by the Management of Parkview Squash Centre from time to time. I absolve Parkview Squash Centre from any responsibility for personal injury or loss of and / or damage to my property whilst on the premises including the car park. I agree to pay the Squash SA Affiliation Fee (applicable to all members) and Gauteng league levy and Gauteng Masters levy should I play these respective leagues.

MAIN MEMBER

SIGNATURE: _____ DATE: _____ RECEPTION: _____

General Information

- Club membership runs for a calendar year (Jan – Dec).
- Membership is payable on application and thereafter at the prevailing rates on 1 January each year.
- * **Family Membership** applies to “husband/wife or “parent/child” or any multiple of these family members.
- One adult membership must be paid in full – additional memberships of either spouse or children (U21yrs) will be discounted. A Family Membership must be paid in total as one payment and submitted on the Family Membership Form.
- Management reserves the right to accept or reject any application for membership or to withdraw the membership of any person who contravenes the rules and regulations of the Centre.
- The completed application form should be handed in at reception, faxed, or emailed with the appropriate payment or proof of direct transfer.
- Banking details: Standard Bank – Johannesburg, Code 000205, A/c No: 000176214, A/c Name: Parkview Squash Centre.

Please tick the events or activities listed below in which you or a family member are interested:

Social Club League ()	Gauteng League ()	Coaching ()	Ladies Morning ()
Sunday Social Club ()	Business League ()	Junior Events ()	Tournaments ()

OFFICE USE

Amount paid on application: R..... Date Paid: Membership No.:

Direct transfer checked: R.....