

21 North Road, Illovo, Johannesburg P O BOX 55019, Northlands, 2116

Tel: 011 7885010 Fax: 011 8803697

APPLICATION FOR MEMBERSHIP

			i i Lioain	o o men		Membersh	nip No. Code:	
TITLE	Mr	Mrs	Master	Miss	Dr	Prof]	
SURNAME								
FIRST NAMES								
DATE OF BIRTH	dd/mm/y	ear			ID No.			
POSTAL ADDRESS								Code
PHYSICAL ADDRESS								Code
TELEPHONE	Office			Home			Cell	
	e-mail a	ddress					_Fax	
OCCUPATION							GENDER	Male Female
EMPLOYER WORK ADDRESS						=::		
CATEGORY OF MEME	BERSHIP	APPLIED	FOR (Indicate	e with an X)				
Ordinary Corporate Junior				Family Absent/Country Temporary			Other	
I actively participate an Note: Please note that	d would li additiona	ke to repr I levies ap	esent the club ply to some s	in the following soorting sections.	sports: (Indi Please enq	cate with a uire from r	an X) nembership	department.
Athletics/Roadrunning Badminton Basketball Billiards/Snooker Bowls Cricket Gymnastics	RR BB BS SN BO CR GY			Hockey Karate Rugby Squash Tennis Touch Rugby Soccer	HO KA RU SQ TE TR SO			

TERMS AND CONDITIONS

- 1. I agree that this signed application for membership shall be a distinct acknowledgement on my part that I am bound by the Rules, Regulations and By-laws of the Club and Sub-clubs, which are now or which may be in force hereafter and that I accept the rulings of the Committee in all cases, and that I will not be absolved from the effect thereof on the grounds of not having received a copy of any of them.
- 2. I acknowledge that the Club cannot be held responsible or liable for any loss or damage to my property or possessions arising out of theft or any other cause whatsoever, or for any personal injury sustained.
- 3. I have / (have not)* been a member of The Wandererers Club before.
- 4. I have / (have not)* been a sectional/sports member of The Wanderers Club before.

My membership (sectional/sports membership)* terminated on Provide reason for termination									
I submit further par who is a member of	ticulars (if any) in support of my af the Club).	application (if juni	or, give name	of parent or guardian					
from a club. (If you have had an	had an application for members	ejected or default	ed, please giv	ve details					
NB : * = Please delete	whichever is not applicable								
I understand that if any	y of the undertakings or statemer te a breach of the Rules of the cl	ub and will invalid	bove are brea ate my memb	ached or found to be pership, if elected, or					
Applicant's signature		Assisted by:	Parent/Gua	rdian's signature (if applicable)					
Date	_		Date						
PROPOSER:	Print name	N/C	Membership	p no					
Proposer's signature		_	Date						
SECONDER:	Print name	_	Membership	o no					
Seconder's signature			Date						
	ders must be ORDINARY, LIFE (OR SPECIAL mer	mbers of the (Club)					
FOR OFFICE USE ON Election Date	LY	Subscription Fe	e _	R					
Receipt No.	Ŧ	Patronage levy Total Due	_						
Comments:									
How did you hear abou	t the Wanderers Club?		<u></u>						
Would you like us to sh	now you around?	Yes No							