

## SQUASH MEMBERSHIP

Kloof Country Club has three squash courts, one of which is a glass-backed match court. All courts are open from 08h00 to 22h00 (apart from when league matches are played in season from 17h30 to 21h00).

The courts are not open to outside visitors unless invited to play with a squash member. KCC members who are not squash members may use the squash courts at a cost of R50 per hour with the squash captain's approval. Enquire at reception.

Member squash bookings can be made online via [www.squashman.combookingKCC/login.asp](http://www.squashman.combookingKCC/login.asp)

## TENNIS MEMBERSHIP

Kloof Country Club has four tennis courts, and the Tennis Section meets every Saturday from 13h30. Please contact the Country Club office should you wish to enquire about a tennis membership.

All Club members may use the courts free of charge. There is R100 refundable key deposit to be paid by Club members who are not members of the Tennis Section. Enquire at reception.

## ATHLETICS MEMBERSHIP

Kloof Running Club forms part of the Club. Time trials are held weekly, as well as various other social activities. Please contact Reception should you wish to enquire about an athletics membership.

## HOUSE MEMBERSHIP

Kloof Country Club offers a house membership option for those who do not wish to join as a golf, tennis, squash or athletics member. This membership offers the benefits of discounted food and beverage and access to all Clubhouse facilities. A house membership is R1,470 annually or R329 per month.

## PADEL MEMBERSHIP

We have four padel courts which are run by Africa Padel as a separate club. Padel is a dynamic sport that takes the best parts of tennis and squash and creates something more – More fun, more action, more social. There is a 50% discount on padel membership for KCC members.

Please contact Africa Padel on 031- 065 0425 regarding padel membership.



# KLOOF COUNTRY CLUB APPLICATION FORM FOR MEMBERSHIP



## PERSONAL DETAILS

Full name of candidate: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Cell No: \_\_\_\_\_ ID No: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## DETAILS

Profession or Occupation: \_\_\_\_\_

Company or Firm's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Reason for joining Kloof Country Club \_\_\_\_\_

State period with present employer or company \_\_\_\_\_

If under three years, give name of previous employer or company \_\_\_\_\_

## **KLOOF COUNTRY CLUB MEMBERSHIP SELECTION:** \_\_\_\_\_

## **OTHER or PREVIOUS MEMBERSHIP OF CLUBS (please list all incl. current and past membership)**

Please note: KCC reserves the right to contact any or all of the above for reference purposes. If you have no previous membership history please give full name and address of a referee).

| <u>NAME OF CLUB &amp; TYPE OF MEMBERSHIP</u> | <u>REASON FOR LEAVING</u> | <u>AREA</u> | <u>YEARS</u> |
|--|---------------------------|-------------|--------------|
|  |                           |             |              |
|  |                           |             |              |
|  |                           |             |              |

## **I UNDERSTAND AND ACCEPT MY OBLIGATIONS AS SET OUT IN THE CONSTITUTION**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please ensure form is fully completed before submitting to club.

## **OFFICIAL USE ONLY**

### **DECLARATION BY THE PROPOSER AND SECONDER**

We, the Proposer and Seconder of the above candidate declare that he has been known to us socially for at least three years, and from our personal knowledge of him/her, vouch for his/her fitness in every respect to become a member of the club. We understand and accept our obligations as set out in the constitution.

|                           |                           |
|---------------------------|---------------------------|
| Signature of Proposer     | Signature of Seconder     |
| Printed Name              | Printed Name              |
| Telephone No (Bus) (Home) | Telephone No (Bus) (Home) |

a. PROPOSER (a) 1 Years Membership/No of Proposals this year

b. SECONDER (a) 1 Years Membership/No of Proposals this year

c. SUBSCRIPTIONS Receipt No:  
d. SUBMITTED TO AND APPROVED BY COMMITTEE:



# APPLICATION / TRANSFER FORM FOR HANDICAPS

(Please complete in full)

I have been a member of the following clubs:

|       | Resigned |
|-------|----------|
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |

Where was the last club you were a member at? \_\_\_\_\_

Were you handicapped there? \_\_\_\_\_

What was your handicap? \_\_\_\_\_

If NO, Where were you last handicapped? \_\_\_\_\_

Have you resigned from the above club? \_\_\_\_\_

If you are still a golf member of a club:

Which Club? \_\_\_\_\_

Are you handicapped there? \_\_\_\_\_

Do you currently have a handicap (Yes / No) \_\_\_\_\_

If Yes, would you like to transfer your handicap to Kloof? \_\_\_\_\_

Have you submitted your letter of reference? \_\_\_\_\_

Comments:

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## MONTHLY SUBS DEBIT ORDER INSTRUCTION

Given by (name of account holder) \_\_\_\_\_

Address \_\_\_\_\_

Bank \_\_\_\_\_

Branch and Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (**delete that which is not applicable**) Current (cheque) / Savings / Transmission

Amount \_\_\_\_\_

Debit Date 1ST MONTHLY

To (name of company) KLOOF COUNTRY CLUB

Abbreviated Name as Registered with the Bank KLOOFCOUN

Beneficiary's Address 26 VICTORY ROAD, KLOOF

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by my resignation, given in writing of not less than 30 ordinary working days. The individual payment instructions so authorised to be issued must be issued and delivered monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a membership number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This membership number must be added to this form in Section E before the issuing of any payment instruction.

### B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

### C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

### D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_ (Signature as used on the account)

### E. Agreement Reference Number

This Agreement reference number is: \_\_\_\_\_ {YOUR MEMBERSHIP NUMBER}

## CONTACT DETAILS

|                             |                       |                                     |
|-----------------------------|-----------------------|-------------------------------------|
| <b>ADMINISTRATION:</b>      | GENERAL MANAGER       | Pam Maybery                         |
|                             | FINANCIAL MANAGER     | Tracy Govender                      |
|                             | MEMBERSHIP SECRETARY  | Pam Glass                           |
|                             | RECEPTION             | Nombuh Mthethwa                     |
| <b>GOLF</b>                 | GOLF OPERATIONS       | Mike Jordan<br>Carmel Ontong        |
|                             | GOLF BOOKINGS         | Robert Nene<br>&<br>Brian Shabalala |
| <b>GOLF - MEN</b>           | CAPTAIN               | Andy Forde                          |
| <b>GOLF - LADIES</b>        | CAPTAIN               | Terri Holloway                      |
| <b>SQUASH</b>               | CAPTAIN               | Renier Cronje                       |
| <b>TENNIS</b>               | CAPTAIN               | Ian Waddell                         |
| <b>RUNNING</b>              | CAPTAIN               | Nikki Baker                         |
| <b>PADEL</b>                |                       | Craig Vaughan                       |
| <b>FOOD &amp; BEVERAGE:</b> | FUNCTION CO-ORDINATOR | Cameron Askew                       |

### Contact details

**Telephone**

**031 764 0555**

**Website**

**[www.kloofcc.co.za](http://www.kloofcc.co.za)**