

CHAMBER EXILES SQUASH CLUB

APPLICATION FOR MEMBERSHIP - 2025

Full Name	Dr/Mr/Mrs/Ms	
Additional Family Member (if applicable)	Dr/Mr/Mrs/Ms	
ID Number		
Telephone Numbers	Home:	Cell:
Family member	Home:	Cell:
E-Mail Address	Self:	Family member:
League Standard (if interested in league)	Self:	Family member:

I HEREBY APPLY FOR MEMBERSHIP TO JOIN THE CHAMBER EXILES SQUASH CLUB IN THE FOLLOWING CATEGORY:

(Circle as required)

<u>April</u>	<u>CATEGORY</u>	<u>FULL YEAR</u>	<u>From</u>
	Single Squash Member Pro-Rata	R2 800	
	Family Member	R4 100	Pro-Rata
	Junior Member Pro-Rata	R 1 400	

SIGNED: _____

DATE: _____

PAYMENT METHODS:

1	Cash	Pay Collett at the club and ask for a receipt.	
2	Direct deposit	Name Bank Branch Branch Code	Chamber Exiles Squash Club Nedbank Randburg 198 405

	Account Number 1922 102 571
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Enquiries: John Shannon 011-792 2476 (h) or 079 528 4441
Julie Shannon 011-792-2476 (h) or 082 678 9493
E-mail: teamshannon@polka.co.za