

# GREEN POINT TENNIS CLUB

Courts & Clubhouse:  
Green Point Urban Park  
☎ 021 434 9527

**BANK ACCOUNT**  
**DETAILS:**  
**GREEN POINT**  
**TENNIS CLUB**  
**FNB ADDERLEY ST.**  
**201 - 409**  
**ACC NO. -**  
**50261934861**



[greenpointtennis@gmail.com](mailto:greenpointtennis@gmail.com)  
[www.greenpointtennis.co.za](http://www.greenpointtennis.co.za)

Secretary:  
☎ 082 4925341  
[nretief@telkomsa.net](mailto:nretief@telkomsa.net)

The Secretary  
Green Point Tennis Club  
P.O. Box 15317  
Vlaeberg  
8018

<u>FIRST-PERIOD SUBS QUOTATION</u>	
(.....TO 30 JUNE .....) <span style="float: right;">R</span>	
ENTRANCE FEE	.....
SUBSCRIPTION **	.....
(incl. WPT capitation fees) _____	
GROSS AMOUNT	=====
PROMPT- PAYMENT	.....
DISCOUNTED AMT **	=====
<b>**REFER RATES SCHEDULE</b>	

## **APPLICATION FOR MEMBERSHIP** **(ANNUAL SUBSCRIPTION BASIS)**

**PLEASE COMPLETE A SEPARATE FORM FOR EACH APPLICANT.**  
**ENTRANCE FEE MUST ACCOMPANY APPLICATION !!**  
**PLEASE NOTE THAT MEMBERSHIP IS SUBJECT TO COMMITTEE APPROVAL !!**

<b>## CASH PAYMENT/S</b>	
RECEIPT NUMBER/S	.....
DATE/S	.....
AMOUNT/S	.....
<b>## PLEASE INSIST ON AN OFFICIAL RECEIPT</b>	

I hereby apply for membership of Green Point Tennis Club. I undertake to abide by the Club's Constitution and Bye-laws.

<b>MEMBERSHIP CATEGORY:</b> (See membership category definitions – PTO)	
<b>FULL:</b>	(✓ Tick <u>ONE</u> box only) : <input type="checkbox"/> INDIVIDUAL/COUPLE* <input type="checkbox"/> FULL-TIME STUDENT/SCHOLAR
** Indicate preference	(✓ Tick <u>ONE</u> box only) : <input type="checkbox"/> SOCIAL & LEAGUE PLAY** <input type="checkbox"/> SOCIAL PLAY ONLY**
---- <b>OR</b> ----- (* If a <u>COUPLE</u> , please <u>cross reference</u> to name on other application form .....	
<b>RESTRICTED:</b>	(ONLY <u>SELF-ARRANGED SOCIAL PLAY</u> )
	(✓ Tick <u>ONE</u> box only) <input type="checkbox"/> INDIVIDUAL/COUPLE* <input type="checkbox"/> FULL-TIME STUDENT/SCHOLAR

<b>PERSONAL DETAILS:</b>	(✓ Tick <u>ONE</u> box only) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
SURNAME: .....	<u>ALL</u> FIRST NAMES : .....
RESIDENTIAL ADDRESS: .....	..... CODE .....
POSTAL ADDRESS: .....	..... CODE .....
E-MAIL ADDRESS: .....	FAX NUMBER : .....
TEL. NO'S (H) .....	(W) .....
	(C) .....
<b><u>COMPULSORY TENNIS SA REQUIREMENTS (CONFIDENTIALITY WILL BE OBSERVED):</u></b>	
SA ID NUMBER .....	DATE OF BIRTH: .....

<b><u>TENNIS CLUB MEMBERSHIPS:</u></b> PLEASE STATE CLUB NAMES OF <u>ALL</u> YOUR TENNIS MEMBERSHIPS –	
CURRENT : .....	SINCE (YEAR) .....
PREVIOUS : .....	DATES (YEARS).....
ARE YOU ABLE TO PROVIDE FINANCIAL CLEARANCE FROM EACH CLUB (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b><u>COMPULSORY REQUIREMENT:</u></b>	
PROPOSER'S NAME : .....	PROPOSER'S SIGNATURE : .....
APPLICANT'S SIGNATURE : .....	DATE : .....

ADMINISTRATION PURPOSES ONLY (✓):	APPLICATION: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED
FINANCIAL CLEARANCE PROVIDED :	<input type="checkbox"/> YES <input type="checkbox"/> NO
MINUTED ON .....	<input type="checkbox"/> ENTERED IN MEMBER REGISTER <input type="checkbox"/> ENTERED IN ACCOUNTS REGISTER <input type="checkbox"/> SUBS LIST