



MOGOL CLUB

PO Box 6729, Onverwacht
Lephalale, 0557
Tel.: 014 763 2427 Fax.: 014 763 6235

For office use

Member No.:

Membership Application

Employer/Business: _____ Occupation: _____

ID No.: _____ Employee No.: _____

Title: _____ Initials: _____ Surname: _____

Name: _____ Date of birth: _____ Language: Afrikaans / English

Postal Address: _____ Physical address: _____

Tel (Home): _____ Cell No: _____

Postal code: _____ Tel (Work): _____ Fax no: _____

E-mail address: _____

Where did you hear about Mogol Club? _____

Do you object to any Club marketing via e-mail and sms: Yes No

Subsections

Primary section you wish to join _____

Secondary section you wish to join _____

Methods of Payment

(Mark with X where necessary)

3 Monthly 6 Monthly

Annual Payroll (Exxaro)

Debit Order

Debit Order

Bank Name _____

Branch: _____

Account Name: _____

Account Number: _____

Signature: _____ Date: _____

Declaration

- I, the undersigned applicant, hereby indemnify the Mogol Club and it's sub sections against any legal claims which may arise from injuries or loses sustained as the result of me and my family's association with the club.
- I hereby agree to abide by the regulations and by-laws of the club
- I authorize Mogol Club to collect membership fees according to my payment preference
- Amount: _____ Starting date: _____

Cancellation policy

- Cancellation must be done in writing (an e-mail will suffice)
- If a membership cancellation is received before or on the 15th of the month, the month is not paid for;
- If a membership cancellation is received after the 15th of the month, the month must be paid for in full
- Re-instatement fee is applicable

Signature of applicant: _____ Date: _____

Proposed: _____ Seconded: _____ Chairman: _____