



# WESTERN PROVINCE CRICKET CLUB

146 Campground Road, NEWLANDS, 7700, Cape Town, South Africa

The Club: + 27 (0) 21 657 3330 | Website: [www.wpcc.co.za](http://www.wpcc.co.za) | E-mail: [members@wpcc.co.za](mailto:members@wpcc.co.za)




OFFICIAL USE ONLY	
DATE:	PMT REF:
MEM. #:	ZAR:

## ADDITIONAL FAMILY MEMBER APPLICATION FORM 1/6/2020 to 31/5/2021

TO BE COMPLETED BY INDIVIDUALS WISHING TO BE ADDED TO FAMILIES WHO ARE EXISTING MEMBERS

FIRST NAME(S):											SURNAME:												
GENDER:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>										NATIONALITY:												
(SA) I.D.:											DATE OF BIRTH:	YYYY	MM	DD									
OCCUPATION:																							
POSTAL ADDRESS:											RESIDENTIAL ADDRESS: *												
City:											City:												
Region:											Region:												
Country:						POSTAL CODE						Country:						POSTAL CODE					

\* IF APPLYING FOR COUNTRY OR INTERNATIONAL MEMBERSHIP. PLEASE ATTACH PROOF OF YOUR RESIDENTIAL ADDRESS

HOME PHONE:											WORK NUMBER:																					
CELL NUMBER:											FAX NUMBER:																					
 optional											 optional											 optional										
PRIMARY EMAIL:																																
ALTERNATIVE EMAIL:																																

ON THE TABLE BELOW, SELECT THE **CARD FEE** & ONE **SUBSCRIPTION CATEGORY**. **SPORTING SECTIONS** ARE OPTIONAL. ADD UP THE RELEVANT PRO RATA AMOUNT ACCORDING TO THE MONTH YOU WISH TO START UTILISING THE FACILITIES

		Select joining month and then circle the applicable charges in that column												
		✓	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
<b>JOINING FEE</b>														
Card Fee	✓	120	120	120	120	120	120	120	120	120	120	120	120	120
<b>SUBSCRIPTION CATEGORY</b> – select one option.														
Family Member Spouse		3255	2984	2713	2441	2170	1899	1628	1356	1085	814	543	271	
Family Member Junior		730	669	608	548	487	426	365	365	365	365	365	365	
International Member Spouse		1470	1348	1225	1103	980	858	735	613	490	368	245	123	
International Member Junior		420	385	350	315	280	245	210	210	210	210	210	210	
<b>SPORTS SECTIONS</b> – select multiple categories (Optional)														
NB: The sport you select will be charged to your account each year until cancelled in writing to the Club Manager. The attention of new applicants is drawn to Clause 24.5 of the Club Constitution which states that, with certain exceptions, members cannot play league sport, in which the Club Participates, for another Club without the consent of the Committee.														
Bowls		480	480	480	480	480	480	480	480	480	480	480	480	480
Cricket – Junior (6-18yrs)		1080	1080	1080	1080	1080	1080	540	540	540	540	540	540	540
Cricket - Senior		615	615	615	615	615	615	615	615	615	615	615	615	615
Hockey League		990	908	825	743	660	578	495	413	330	248	165	83	
Oaks Club		120	120	120	120	120	120	120	120	120	120	120	120	
Running		110	110	110	110	110	110	110	110	110	110	110	110	
Squash League		625	573	521	469	417	365	313	260	208	156	104	52	
Tennis League		330	330	330	330	330	330	330	330	330	330	330	330	
Junior Tennis League		110	110	110	110	110	110	110	110	110	110	110	110	
<b>OTHER ACTIVITES</b> – select multiple (Optional)														
Casual use of Squash Courts		Squash light charges applicable. Guest Fees applicable if playing with a non member												
Casual use of Tennis Courts		Floodlight charges applicable at night. Guest fees applicable if playing with a non member												
Joining a Sports Section		Please ensure that you have paid the applicable section levy												
Cricket Watching at Newlands		Members have the right to purchase tickets specifically for the Members Pavilion.												
Social (Sauna/Pool/Bar etc.)		Please ensure you have read the Club's Rules and Regulations												
<b>TOTAL - ZAR</b>		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	

DECLARATION OF FAMILY MEMBER			
FULL NAME:			
PHONE NUMBER:		MEMBERSHIP #:	
ADDRESS:			
I have been a member for _____ years			
SIGNATURE:		DATE:	
CHECK LIST FOR OFFICE USE ONLY:			
1. <input type="checkbox"/> Proof of address attached for Country / International members only, OR <input type="checkbox"/> Not applicable			
2. <input type="checkbox"/> Attached Proof of Payment – via EFT or deposit			
<input type="checkbox"/> Attached Credit Card Instruction			
<input type="checkbox"/> Attached Debit Order Plan			
<input type="checkbox"/> To be paid on submission of application, in person (Cash, Cheque, Credit/Debit Card)			
<input type="checkbox"/> Other _____			
FOR OFFICIAL USE ONLY			
Approved by Membership Committee Membership Chairperson Signature:		DATE:	