



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 | E-mail: members@wpcc.co.za

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

ADDITIONAL FAMILY MEMBER APPLICATION FORM 1/6/2021 to 31/5/2022

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:											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
JOINING FEE														
Card Fee	✓	120	120	120	120	120	120	120	120	120	120	120	120	120
SUBSCRIPTION CATEGORY	– select one option.													
Family Member Spouse		3 415	3 130	2 846	2 561	2 277	1 992	1 708	1 423	1 138	854	569	285	
Family Member Junior		765	701	638	574	510	446	383	383	383	383	383	383	383
International Member Spouse		1 545	1 416	1 288	1 159	1 030	901	773	644	515	386	258	129	
International Member Junior		440	403	367	330	293	257	220	220	220	220	220	220	220
SPORTS SECTIONS	– 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		505	505	505	505	505	505	505	505	505	505	505	505	505
Cricket – Junior (6-18yrs)		1 130	1 130	1 130	1 130	1 130	565	565	565	565	565	565	565	565
Cricket - Senior		645	645	645	645	645	645	645	645	645	645	645	645	645
Hockey League		1 040	953	867	780	693	607	520	433	347	260	173	87	
Oaks Club		125	125	125	125	125	125	125	125	125	125	125	125	125
Running		115	115	115	115	115	115	115	115	115	115	115	115	115
Squash League		655	600	546	491	437	382	328	273	218	164	109	55	
Tennis League		330	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	110
OTHER ACTIVITES	– 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												
TOTAL - ZAR		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:	