			Somerset West Country Club – Tennis Rue de Jacqueline Somerset West 7130 <a href="mailto:swcctennisclub@gmail.com">swcctennisclub@gmail.com</a> <a href="http://www.swcctennis.co.za">www.swcctennis.co.za</a>

## SWCCT Membership Application Form

We are thrilled that you are interested in joining the Club, where passion meets play and camaraderie thrives. Our club is dedicated to providing a vibrant and inclusive environment for tennis enthusiasts of all levels, from beginners to seasoned players.

### Applicant Personal Information Section:

<b>Name &amp; Surname</b>				
<b>Date of Birth</b>	( dd / mm / yyyy )	<b>Cell (RSA)</b>		
<b>Email Address</b>				
<b>SWCC Member?</b>	Golf	Squash	Bowls	No

### Membership Type:

See Annexure A for the membership types offered at SWCCT and Annexure B for associated fees. Please indicate with an 'X' in the table below which membership type you are applying for.


<b>FULL Membership</b>	<b>Adult</b>	<b>Family</b>	<b>Student &lt; 21</b>	<b>Student &lt; 25</b>
<b>LIMITED Membership</b>	Adult		Family	

### Member 1 (Applicant)

<b>Level</b>	Beginner	Intermediate	Advanced
<b>Previous Club(s)</b>	if applicable		
<b>Emergency Contact</b>	Name	Number	

### Member 2 (Adult)

<b>Name</b>		<b>Cell (RSA)</b>	
<b>Date of Birth</b>	( dd / mm / yyyy )	<b>Relation to applicant</b>	
<b>Level</b>	Beginner	Intermediate	Advanced
<b>Emergency Contact</b>	Name	Number	

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## SWCCT Membership Application Form

### Child Members

	Member 3	Member 4	Member 5
<b>Name</b>			
<b>Date of Birth</b>	( dd / mm / yyyy )	( dd / mm / yyyy )	( dd / mm / yyyy )

### Submission Information:

Please ensure that the following items are presented for consideration of the application. Incomplete applications will not be processed.

- ☐ Signed Application Form
- ☐ **R100** Application Fee Proof of Payment (please use your name and surname as the reference)

Standard Bank

Account Number: 0 7 2 3 3 9 8 5 3

Branch Code: 0 3 3 0 1 2

The Application and Proof of Payment must be sent to the Club email address or handed in to any committee member at the Tennis Clubhouse during Wednesday or Saturday Social afternoons.

### Further processing:

The Club Membership Coordinator may contact you to arrange a date for a trial session (during Social afternoons) to confirm/assess level of play. Upon acceptance of successful applicants, the membership invoice must be paid before participation or use of the facilities may commence.

### Waiver and Agreement:

I hereby apply for membership of the Somerset West Country Club Tennis. If accepted I agree to abide by the Constitution, by-laws and rules of the club. I have no objection to being part of SWCCT member's email and WhatsApp communication groups. Please be aware that your personal information will be stored securely and not be shared with anyone aside from your fellow members and the registered sporting groups that we are associated with (Boland Tennis, TSA and Somerset West Country Club).

I acknowledge that the club shall not be liable for any injury, loss or damage sustained on the club premises by me, my family members or guests, or when utilising any club facilities, through the negligence (excluding gross negligence) of any employee, representative, member, visitor or guest of the club.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date