



OLD MUTUAL SPORTS CLUB

P.O. Box 66 Mutualpark 7451 Tel 021 531 8549 Fax 021 531 8543

Email info@omsports.co.za or admin@omsports.co.za

www.omsports.co.za

NEW RE-APPLICATION

Application for Membership

I	Dr	Mr	Mrs	Miss	(full name)			
Residential Address								
Postal Code					Contact no (Work)			
Contact no (Home)					Mobile No			
Email								
I hereby apply for membership of the OLD MUTUAL SPORTS CLUB and if accepted agree to abide by its Constitution. I further acknowledge that the utilisation of facilities offered by the OLD MUTUAL SPORTS CLUB shall be at my own risk. To this end I hereby indemnify Old Mutual against all loss, damages, injuries, costs, charges and expenses which I may sustain or incur arising out of, or attributable to my utilising these facilities.								
Date of application					Signature			
Date of Birth					Employer			
ID/Passport Number					Department			
Name/s of Previous Clubs					Sports			
What league / team did you participate in								
State Name and telephone number of the Chairman / Secretary of the last club for which you played								
Name					Telephone Number			
Name/s of Section/s you are joining								
Full Name of Proposer					Signature			
Full Name of Seconder					Signature			
(Proposers and Seconders must be Members of the Old Mutual Sports Club)								
The acceptance of the applicant as a member of the club is subject to one year's probationary period. The Club reserves the right to cancel such membership during the probationary period and the decision shall at all times be final. Membership of outside members (as defined in the Constitution) shall also be subject to review on renewal of the annual subscription. The Club reserves the right to cancel such membership at the renewal of the annual subscription period and the decisions shall at all times be final.								
PLEASE NOTE THAT NO APPLICATION WILL BE PROCESSED UNLESS ALL THE DETAILS, AS REQUIRED ABOVE, ARE COMPLETED.								
FOR O.M. STAFF – MONTHLY DEDUCTION								
I hereby authorise Old Mutual to deduct from my earnings such sums as the Old Mutual Sports Club may certify as due and owing from me as monthly membership dues. Upon notification by the Old Mutual Sports Club that the monthly dues have been changed, Old Mutual is authorised to change my deduction accordingly. I agree that these deductions will only be cancelled upon request to the Old Mutual Sports Club.								
Signature of Staff member					Date			
FOR SECTION COMMITTEE USE ONLY								
*PLEASE NOTE THAT THE FOLLOWING SECTION HAS TO BE COMPLETED WHEN AN OUTSIDE MEMBER APPLIES FOR MEMBERSHIP. We, the committee, consider the application suitable of the SPORTS CLUB. We declare that this application was considered by the full committee.								
Signature of Committee Member					Date			
Signature of Chairperson/Secretary					Date			
FOR SPORTS CLUB USE ONLY								
Type of Membership	1	OM Staff	2	Associate	3	Spouse	4	Scholar
	5	Student	6	Pensioner	7	Outside		
Name of O.M. Employee					Staff Code of O.M. Employee			
Relationship to O.M. Employee								
ACCOUNT NO					CLUB REFERENCE			