



CHRISMAR TENNIS CLUB

22 Glanville Street, Chrismar, Bellville, 7530

Email: chairman@chrismartennis.co.za

chrismartennissecretary@outlook.com

APPLICATION FOR MEMBERSHIP OR RENEWAL

I, Mr./Mrs/Miss/Dr: _____ (Print Name)

Surname: _____

Address: _____

_____ Code: _____

Date of birth: _____ ID Number: _____

Tel no. : (H) _____ (W) _____ (Cell)_____

E-mail address: _____

I herewith apply for membership at Chrismar Tennis club. If accepted, I understand and will subject myself to the rules and constitution of the club. I declare that:

1. I have never been suspended at any club.
2. My membership was never suspended and I was never asked to resign.
3. All financial obligations towards my previous club(s) are up to date.

Categories for membership without league status (mark please): **2026 Fees per annum**

Single Adult Member: R1161	
Senior Member (60+ years): R798	
Scholar (parent to sign membership application on scholar's behalf): R399	
Student: R707	
Family Membership: R 2178 MAX. 4 adults (max. 2 adult children under 24 years old) Any amount of children under 18 years old	
TOTAL:	R

Visitors Fee for any Adult non members: R60 per person per occasion | R40 Students/Scholars |

Lights usage = R70 p/h

Gate code(s) and keys may not be shared with others

Language preference: English:

Afrikaans:

If family membership, please list the names, dates of birth, ID nr and phone numbers (if applicable) of additional family members:

1. _____ Birth date _____ Tel _____ ID: _____
2. _____ Birth date _____ Tel _____ ID: _____
3. _____ Birth date _____ Tel _____ ID: _____
4. _____ Birth date _____ Tel _____ ID: _____
5. _____ Birth date _____ Tel _____ ID: _____
6. _____ Birth date _____ Tel _____ ID: _____

My cell/landline number may be made available to other club members for social tennis invitations.	Yes No
My email address may be made available to other club members for social tennis invitations.	Yes No

Previous league experience and teams:

<input type="checkbox"/>	<input type="checkbox"/>
Y	N

Date: _____

Signature: _____

Enquiries: chairman@chrismartennis.co.za | chrismartennissecretary@outlook.com

Our membership period is from 01 March till end of February every year.

Bank details:

CHRISMAR TENNIS CLUB
ABSA Savings acc: 919 464 4993
Code: 632005



Indemnity Form

I, (please print full name) _____ am aware that neither Chrismar Tennis Club, nor any of their respective coaches or representatives accept responsibility for any loss, injury or damage that the person or property of myself, my spouse, my child(ren), or guests may sustain whilst engaged in any activity at the Chrismar Tennis Club, and I waive any right that I or my spouse, child(ren), guest may have to claim compensation against Chrismar Tennis Club, any of their respective coaches or representatives in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise, and I indemnify them against all such claims. I understand and accept that use of all facilities is at own risk.

Signature _____

Date: _____