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APPLICATION FORM

Membership type: Family: Couple: Single:
 Period: Minimum 12 months: Founder Member:

Personal details:

Surname: _____ First Name: _____ Title: _____
 ID#: _____ D.O.B: yyyy / mm / dd Gender: M / F

Contact Details:

Email address: _____
 Tel # (H): _____ - _____ Tel # (W): _____ - _____ Cell#: _____
 Postal Address: _____ Code: _____
 Res. Address: _____ Code: _____

Dependants: (Spouse/Junior members)

Dependant 1 Cell#: _____ **Dependant 2**
 Surname: _____ Surname: _____
 Name: _____ Gender: M / F Name: _____ Gender: M / F
 D.O.B: yyyy / mm / dd D.O.B: yyyy / mm / dd

Dependant 3 **Dependant 4**
 Surname: _____ Surname: _____
 Name: _____ Gender: M / F Name: _____ Gender: M / F
 D.O.B: yyyy / mm / dd D.O.B: yyyy / mm / dd

Person Responsible for account – If payer and member is not the same person – Applicable to cash Up Front and D/O

Surname: _____ First Name: _____ Title: _____
 ID#: _____ D.O.B: yyyy / mm / dd
 Email Address: _____
 Postal Address: _____ Code: _____

<p>Cash Up Front: Payment method: Cash: <input checked="" type="checkbox"/> Cheque: <input checked="" type="checkbox"/> EFT: <input checked="" type="checkbox"/> CC: <input checked="" type="checkbox"/> Commencement date: yyyy / mm / dd</p> <p>Membership activation fee: R _____ Membership fee: R _____ Total Due: R <input type="text"/></p>	<p>Debit Order: Monthly instalment of R: _____ – (Auto Renewal) First Debit order Date: yyyy / mm / dd</p> <p>Type of account to be debited: C.Card: <input checked="" type="checkbox"/> Current: <input checked="" type="checkbox"/> Savings: <input checked="" type="checkbox"/> Transmission: <input checked="" type="checkbox"/> Bank: _____ Account No.: _____ Branch Code: _____</p>
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I hereby request / authorise Senshi Wellbeing, the gymnasium at the Senshi Wellness Centre, Eagle Canyon, to draw against my account, with the above mentioned bank, the sum noted above on a monthly basis. All such withdrawals from this account, by Senshi Wellbeing shall be treated as though signed by me personally. I will inform Senshi Wellbeing of any change of details, personal and banking. I have familiarised myself with the terms and conditions of this facility and will adhere thereto.

Signature (member): _____
 Date: yyyy / mm / dd

Signature (Senshi Wellbeing Personnel): _____