

# **APPLICATION FOR MEMBERSHIP** **OFF BEAT HOLIDAY CLUB**

PO Box 183, PERSEQUOR PARK, 0020  
Tel: (012) 349 1433 / Fax: (012) 349 2159



## **STOPORDER**

I, SERVICE NO \_\_\_\_\_ RANK \_\_\_\_\_ MR \_\_\_\_\_ MRS \_\_\_\_\_

FULL NAMES & SURNAME \_\_\_\_\_

ID NO \_\_\_\_\_ PAYPOINT NO \_\_\_\_\_

MARRIED \_\_\_\_\_ UNMARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_

STATIONED AT \_\_\_\_\_

POSTAL ADDRESS (PRIVATE)

WORK ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL NO (w) \_\_\_\_\_ FAX NO \_\_\_\_\_

CELL NO \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I HEREBY AUTHORISE THE PAYMASTER OF THE SAPS TO DEDUCT THE SUM OF R28-00 ON A MONTHLY BASIS (OR THE AMOUNT TO WHICH IT MAY INCREASE IN FUTURE) FROM MY SALARY, STARTING \_\_\_\_\_ UNTIL FURTHER NOTICE, AND TO PAY IT OVER TO THE OFF BEAT HOLIDAY CLUB, AS A NON-REFUNDABLE MEMBERSHIP FEE. (Deduction Code 0592 & Instalment 156)

I HEREBY ACCEPT THE ATTACHED TERMS AND CONDITIONS & PAYMENT OF JOINING FEE AS SET OUT BY THE OFF BEAT HOLIDAY CLUB

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_