

## **SFC SPORT CLUB**

P.O. BOX 577 • SWAKOPMUND • TEL. 064 405406 • E-MAIL: secretary@sfc.com.na

Application of Membership					
Gender:	Female:	Male:	Date		
Name			Surname		
Date of Birth			ID-Number		
Postal Address			Town		
Cell Phone			Occupation		
E-Mail					
Active Subsection	on				
SFC 1st Soccer Team:		SFC Faustball:		FC Old Crocks:	
SFC Youth Soccer:		SFC Squash:		🗖	
Membership ty	<u>pe</u>				
Active Member:		Pensioner:		Kids:	
Social Member:		Student:		Family: 🗖	
Membership fee	<u>es</u>	<u>.</u>		Payment Option	
	<u>Yearly</u>	<u>Monthly</u>			
Active Member	N\$ 1600.00	N\$ 150.00	Ful	l Amount Cash:	
Social Member	N\$ 900.00	N\$ 85.00	Fu	ull Amount EFT:	
Pensioner	N\$ 900.00	N\$ 85.00	Month	ly Debit Order:	
Student	N\$ 900.00	N\$ 85.00			
Kids	N\$ 650.00				
Family:					
Main Member	N\$ 1600.00	N\$ 150.00			
Additional Member	N\$ 500.00	N\$ 50.00			

Memberships are automatically renewed annually and terminations must be submitted in writing before the end of the calender year. Maximum 5 Family Members (N\$ 3600.00) any additional Family members are free of charge. All Family Members need to fill in a membership form. Pensioner 65+. Kids 6 - 18 Years. Students must provide proof in order to qualify for Student Membership.

I accept the constitution of the SFC Sport Club and Agree to Abide by the provisions thereof at all times and to pay the membership fee laid down from time to time upon application.

**Signature of Applicant** 

Second by Committee Member

Proposed by Club Member