



PANTHER

FIGHTING ARTS & FITNESS ACADEMY

Reg No. 2007/277387/23

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NPO No. 2007/031740/08

FOR OFFICE USE -
ACCOUNT NO.

**PLEASE COMPLETE IN BLACK INK AND
CAPITAL LETTERS
PLEASE ATTACH ID PHOTO
HERE**

MEMBERSHIP PLAN (TICK RELEVANT BLOCK)				
A	TYPE	ADULT	JUNIOR U14	JUNIOR U10
	MONTHLY	R 300	R 250	R 200
	ANNUAL	R 3 300	R 2 750	R 2 200

Contracts are automatically renewed and can only be cancelled by giving 1 (one) calendar months written notice.
Contracts cannot be cancelled within the first 6 (six) months. Fees are subject to annual increase on 1 January each year.
PTO for contract details, signature of this form indicates acceptance of all conditions of membership.

Surname: _____
First Names: _____
I.D. No: _____
Type of I.D.: RSA Passport Other: _____
Date of Birth: DDMMYYYY Title _____ Gender M F
Postal Address: _____

C O D E _____
Email: _____
Tel (H): _____ Tel (W): _____
Cell No.: _____
Employer: _____ Tel: _____
Occupation: _____
Next of Kin: _____ Tel: _____

How did you hear about Panther Fighting Arts & Fitness Academy:
In Club Through a Friend Tournament Newspaper
Radio TV Email Other
Do you want to fight? YES NO
Do you have a medical conditions we should know about? _____

OTHER MEMBERS				
B	Surname	_____		
	First Names	_____		
	I.D. No	_____		
	Type of I.D.	RSA <input type="checkbox"/>	Passport <input type="checkbox"/>	Other: _____
	Date of Birth	DDMMYYYY	Title _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F

DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT (to completed if payer and member are not the same person)				
C	Surname	_____		
	First Names	_____		
	I.D. No	_____		
	Type of I.D.	RSA <input type="checkbox"/>	Passport <input type="checkbox"/>	Other: _____
	Postal Address	_____		

C O D E _____
Postal Code: _____
Email: _____
Tel (H): _____ Tel (W): _____
Cell No.: _____
Employer: _____ Tel: _____
Occupation: _____

D	Start Date	DDMMYYYY	
	Membership Activation Fee	R	1 5 0 , 0 0
	Pro-Rata Cash Payment:	R	, , , , ,
	Monthly Debit Payment	R	, , , , ,
	Total Due:	R	, , , , ,

E	PAYMENT METHOD	Monthly Debit	Once Off Debit
	Monthly Instalment Amount	R _____ , _____	(Auto Renewal)
	First Debit Order Date	DDMMYY	YEAR

Type of Account to be Debited: Credit Card Current
Cheque Transmission Savings

Name of Account Holder: _____
Bank: _____
Branch: _____
Branch Code: _____
Acc. No.: _____

Debit Orders will come off my account on the _____ day of every month

I warrant that I am duly authorised to enter into this agreement and request, instruct and authorise Panther Fighting Arts and Fitness Academy to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the instalments for the duration of this agreement.
I request, instruct and authorise Panther Fighting Arts and Fitness Academy to re-submit my debit order(s) on a date to be decided by Panther Fighting Arts and Fitness Academy in the event that the said debit order(s) is/are unpaid. I understand that the withdrawal(s) hereby authorised will be processed by ACB Magnetic Tape Service and that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.
I agree to pay any bank charges relating to this debit order instruction. The authorisation hereby given may not be revoked prior to the expiry of the Initial Period or Renewal Period(s).
I hereby consent that Panther Thai Boxing Academy may carry out a credit enquiry and may transmit details to credit bureaux of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations may record my non-performance with the applicable credit bureaux. I agree to be bound by the terms and conditions of this agreement mutatis mutandis.

Signature (payer) _____ Date _____
Signature (legal guardian) _____ Date _____

TERMS AND CONDITIONS OF MEMBERSHIP	
F	I, the undersigned, do hereby acknowledge that I have read and understand the terms and conditions in the Student Enrolment Form and in particular the "No liability and indemnity" section. I agree to be bound by the terms and conditions of this membership agreement and confirm that I have familiarized myself with the rules and regulations in force from time to time. I confirm that I am medically fit to proceed with the normal routine of exercise and accept that it is my responsibility to seek medical advice before participating in any programme or class offered by Panther Fighting Arts and Fitness Academy if I have any concerns over my physical condition. I acknowledge that this contract can only be cancelled by giving 1 (one) calendar months written notice.
	I have read and understand the Terms and Conditions of this agreement.
	Signature (for Panther) _____ Date _____
	Signature (Member) _____ Date _____
	Assisted by legal guardian (Signature) _____ Date _____
	Capacity of guardian _____