



MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS (PRINTED LETTERS)		PLEASE TICK	FOR OFFICIAL USE ONLY
NAME: _____		MALE: <input type="checkbox"/>	
SURNAME: _____		FEMALE: <input type="checkbox"/>	
DATE OF BIRTH: _____		ADULT: <input type="checkbox"/>	
NATIONALITY: _____		SCHOLAR OR STUDENT: <input type="checkbox"/>	
MARITAL STATUS: _____			
OCCUPATION: _____			
2. CONTACT DETAILS (RESPONSIBLE PERSON FOR ACCOUNT - PRINTED LETTERS)			
NAME: _____	SURNAME: _____		
PO BOX: _____	CITY: _____		
CELL NO: _____	CELL NO: _____		
TEL (HOME): _____	TEL (WORK): _____		
EMAIL (all communication is done by email): _____			
FOR OFFICIAL USE ONLY DATE RECEIVED: _____ AMOUNT RECEIVED: _____ RECEIPT NO: _____ PROCESSING <input type="checkbox"/> 1. ADMITTED? <input type="checkbox"/> 2. INVOICED? <input type="checkbox"/> 3. RECEIPT ? <input type="checkbox"/> 4. CHAT ? <input type="checkbox"/> 5. MEMBERSHIP CARD ISSUED ? MEMBERSHIP NO: _____ OFFICE SIGNATURE: _____ EXCO SIGNATURE: _____			

3. ACTIVE SPORTS CODE (PLEASE MARK WITH X). In case you are active in more than one sport section please indicate main category.

<input type="checkbox"/> FOOTBALL: YOUTH	<input type="checkbox"/> VOLLEYBALL: BEACH	<input type="checkbox"/> TENNIS
<input type="checkbox"/> FOOTBALL: U30	<input type="checkbox"/> VOLLEYBALL: INDOOR	<input type="checkbox"/> INLINE HOCKEY
<input type="checkbox"/> FOOTBALL: OLD BOYS	<input type="checkbox"/> FISTBALL	<input type="checkbox"/> HOCKEY

PROPOSED BY: _____ SECONDED BY: _____
SIGNATURE: _____ SIGNATURE: _____

4. DTS MAIN CLUB FEE (PLEASE TICK ONE)	NOTES
<input type="checkbox"/> SOCIAL N\$ 950 p/p <input type="checkbox"/> PENSIONER N\$ 450 p/p <input type="checkbox"/> DEVELOPMENT PLAYER * N\$ 380 p/p <input type="checkbox"/> STUDENT / SCHOLAR ** N\$ 1150 p/p <input type="checkbox"/> ACTIVE ADULT SINGLE N\$ 1600 p/p <input type="checkbox"/> FAMILY PACK *** N\$ 1250 - N\$ 2600 <input checked="" type="checkbox"/> APPLICATION FEE N\$ 150	<ol style="list-style-type: none"> Memberships are automatically renewed annually and terminations must be submitted in writing before the end of the calendar year An APPLICATION FEE of N\$ 150 + SPORTS FEE must enclose a new application * DEVELOPMENT PLAYERS: Some sport sections have development players, who receive a special rate. Development players are not allowed to play in league games or tournaments. Otherwise Student / Scholar fees apply. ** STUDENTS who left school, must provide proof in order to qualify for membership *** FAMILY PACK: N\$ 1250 for a family of social members. If participating in sport activities, the normal fees must be paid up to an amount of max. N\$ 2600 per family. Daily Guest fees: N\$ 50 p/p Monthly guest fee - Max 3 months: Adults N\$ 280. Student/Scholars: N\$ 160
5. I HAVE BEEN MEMBER OF DTS BEFORE (PLEASE TICK)	
<input type="checkbox"/> YES <input type="checkbox"/> Year of termination _____ <input type="checkbox"/> NO	

6. CONFIRMATION (PLEASE SIGN) (In case of minors the parents or guardians must sign this application as authorized representative)

I hereby apply for membership and agree to abide by the provisions of the Constitution and Rules of the **Deutscher Turn- und Sportverein (DTS)**. I certify above particulars to be correct.

I indemnify fully and properly collectively and individually the Deutscher Turn- und Sportverein (DTS), including its management and employees, against any demand for damages, mishaps, injuries, accidental harm, death or any other physical or mental trauma of whatsoever nature, that may incur during my or my minor child / children's or any minor under my control whilst on the premises of the DTS Sport Club. This includes, but is not limited to: Loss of, theft of or damages to all and any property on my person, vehicle in my possession whilst entering, driving or parking on the premises. I further acknowledge sole responsibility for any and all costs arising out of abovementioned damages, loss, theft or injuries.

DATE: _____ NAME (Print letters): _____ SIGNATURE: _____



ADDITIONAL MEMBERS

ADDITIONAL MEMBER 1 (PRINTED LETTERS)	PLEASE TICK	
NAME: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ADULT <input type="checkbox"/> SCHOLAR OR STUDENT	
SURNAME: _____		
DATE OF BIRTH: _____		
TELEPHONE: _____		
EMAIL (all communication is done by email): _____		
ACTIVE SPORTS CODE (PLEASE MARK WITH X)		
<input type="checkbox"/> FOOTBALL: YOUTH	<input type="checkbox"/> VOLLEYBALL: BEACH	<input type="checkbox"/> TENNIS
<input type="checkbox"/> FOOTBALL: U30	<input type="checkbox"/> VOLLEYBALL: INDOOR	<input type="checkbox"/> INLINE HOCKEY
<input type="checkbox"/> FOOTBALL: OLD BOYS	<input type="checkbox"/> FISTBALL	<input type="checkbox"/> HOCKEY
<input type="checkbox"/> SOCIAL		

ADDITIONAL MEMBER 2 (PRINTED LETTERS)	PLEASE TICK	
NAME: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ADULT <input type="checkbox"/> SCHOLAR OR STUDENT	
SURNAME: _____		
DATE OF BIRTH: _____		
TELEPHONE: _____		
EMAIL (all communication is done by email): _____		
ACTIVE SPORTS CODE (PLEASE MARK WITH X)		
<input type="checkbox"/> FOOTBALL: YOUTH	<input type="checkbox"/> VOLLEYBALL: BEACH	<input type="checkbox"/> TENNIS
<input type="checkbox"/> FOOTBALL: U30	<input type="checkbox"/> VOLLEYBALL: INDOOR	<input type="checkbox"/> INLINE HOCKEY
<input type="checkbox"/> FOOTBALL: OLD BOYS	<input type="checkbox"/> FISTBALL	<input type="checkbox"/> HOCKEY
<input type="checkbox"/> SOCIAL		

ADDITIONAL MEMBER 3 (PRINTED LETTERS)	PLEASE TICK	
NAME: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ADULT <input type="checkbox"/> SCHOLAR OR STUDENT	
SURNAME: _____		
DATE OF BIRTH: _____		
TELEPHONE: _____		
EMAIL (all communication is done by email): _____		
ACTIVE SPORTS CODE (PLEASE MARK WITH X)		
<input type="checkbox"/> FOOTBALL: YOUTH	<input type="checkbox"/> VOLLEYBALL: BEACH	<input type="checkbox"/> TENNIS
<input type="checkbox"/> FOOTBALL: U30	<input type="checkbox"/> VOLLEYBALL: INDOOR	<input type="checkbox"/> INLINE HOCKEY
<input type="checkbox"/> FOOTBALL: OLD BOYS	<input type="checkbox"/> FISTBALL	<input type="checkbox"/> HOCKEY
<input type="checkbox"/> SOCIAL		

ADDITIONAL MEMBER 4 (PRINTED LETTERS)	PLEASE TICK	
NAME: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ADULT <input type="checkbox"/> SCHOLAR OR STUDENT	
SURNAME: _____		
DATE OF BIRTH: _____		
TELEPHONE: _____		
EMAIL (all communication is done by email): _____		
ACTIVE SPORTS CODE (PLEASE MARK WITH X)		
<input type="checkbox"/> FOOTBALL: YOUTH	<input type="checkbox"/> VOLLEYBALL: BEACH	<input type="checkbox"/> TENNIS
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<input type="checkbox"/> FOOTBALL: OLD BOYS	<input type="checkbox"/> FISTBALL	<input type="checkbox"/> HOCKEY
<input type="checkbox"/> SOCIAL		