

Rand Hunt

Town Club
Forrest Road, Inanda, Sandton
PO Box 55047
Northlands 2116
Tel: +27 11 884 1414
Fax: + 27 11 884 2918



Inanda Country Base
133 Rose Road, Kyalami, Midrand
PO Box 170
2128
Tel: +27 11 464 1800
Fax: +27 11 464 1888

APPLICATION FOR SUBSCRIPTION

Submission of this application implies your acceptance to be bound by the rules and constitution of the Inanda Club. Participation in hunting is at your own risk. The Inanda Club, the Rand Hunt, its servants, organisers of the hunt, individuals in their own capacity, landowners, members of the committee or any official will not be held responsible for any loss, damage, theft, injury or death sustained by any horses, riders, members of the public or their agencies.

APPLICANT'S SIGNATURE _____

Date _____

Please complete the details required by typing or writing in the tinted boxes.

TITLE _____

SURNAME _____

FIRST NAMES _____

EMAIL _____

CATEGORY (See next page for costs) _____

INANDA CLUB MEMBER _____

INANDA COUNTRY BASE BAITER _____

HOME PHONE No. _____

WORK PHONE No. _____

MOBILE _____

FAX _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

POSTAL CODE _____

PROPOSER _____

EMERGENCY MEDICAL INFORMATION (Optional)

DATE OF BIRTH _____

MEDICAL AID _____

MEDICAL AID NUMBER _____

RELEVANT MEDICAL CONDITIONS _____

ALLERGIES _____

WHO TO CONTACT IN AN EMERGENCY? _____

EMERGENCY CONTACT'S TEL No. _____

Your application cannot be processed until the payment for the applicable first annual subscription is received.

RAND HUNT SUBSCRIPTIONS & FEES (inc VAT)

2022/2023 SEASON

	HUNT MEMBERS (INANDA CLUB MEMBERS)			HUNT ASSOCIATES (NON-INANDA CLUB MEMBERS)		
	Adult	Family	Junior	Adult	Family	Junior
Ordinary (rider's) Subscription	2150.00	3225.00	590.00	4800.00	7200.00	1315.00
Supporter (non-rider's) Subscription	695.00	1045.00	Nil	1540.00	2290.00	Nil

Cheques should be made payable to: INANDA CLUB

Electronic Funds Transfers (EFT) and bank deposits are also acceptable. The payment details are:

INANDA CLUB

FNB Rosebank

Branch Code: **253 305**

Account No: **503 7544 6405**

Beneficiary Reference: **RH Subs +Your Surname**

Please contact the Hunt Secretary for queries –

Margie Marshall Margie@SyndicateGraphics.co.za, 011 804 1614

DEBIT ORDER INSTRUCTION

I hereby request, "instruct" and authorise you to draw against my account with the undermentioned bank (or any other bank or branch to which I may transfer my account) the amount due by me on the seventh day of each and every month commencing on (month) and continuing until advised by me to the contrary. All such withdrawals from my bank account by you shall be treated as though they had been signed and authorised by me personally. I agree to pay any bank charges relating to these debit order instructions.

This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

Please tick appropriate boxes

OPTION 1: (Subscriptions) in one lump sum on 1st November each year

OPTION 2: (Subscriptions) in 5 equal payments on the seventh day of each month, commencing 7th November

BANK ACCOUNT DETAILS ARE AS FOLLOWS

BANK NAME _____

BRANCH NAME _____

ACCOUNT HOLDER'S NAME _____

BRANCH CODE _____

ACCOUNT NO _____

TYPE OF ACCOUNT (eg. Current, Savings, Transmission, Cheque.) _____

Signed at _____ on this _____ day of _____

SIGNATURE OF ACCOUNT HOLDER _____

ASSISTED BY (where legally necessary) _____ Capacity _____