



## Rates 2019

Please tick the box relating to your Category

GOLF MALE	Under 19			19 - 30	31+ Social Member *	Full Member 31 - 40	Full Member 41 - 50	Full Member 51 - 69	Full Member 70 +
	no gym	no gym + parent member	full member incl. gym						
6-day Week Limited				R 6,500	R 7,000	R 8,000	R 11,000	R 14,000	R 10,000
6-day Week Unlimited	R 2,000	R 1,600	R 4,500	R 9,000		R 13,500	R 18,000	R 22,000	R 16,000
5-day Week Limited						R 6,000	R 9,000	R 10,000	R 8,500
5-day Week Unlimited						R 9,000	R 15,000	R 20,000	R 14,500

Includes R 1,000 credit on house account

GOLF FEMALE	Under 19			19 - 40	Full Member 40 +
	no gym	no gym + parent member	full member incl. gym		
6-day Week Limited				R 4,500	R 6,500
6-day Week Unlimited	R 2,000	R 1,600	R 4,500	R 7,000	R 13,400
5-day Week Limited				R 3,000	R 5,000
5-day Week Unlimited				R 4,000	R 11,000

Incl. R500 on House Acc

ADDITIONAL CHARGES		
Petrol Cart Storage	R 3,000	
Electric Cart Storage	R 3,750	
Shade Port Parking	R 3,000	
Locker - Large	R 250	
Locker - Small	R 220	
The above additional charges will be approved by the club and is dependent on availability		

* SOCIAL MEMBER GREEN FEES	R 390	Sat   Sun	R 260	Week days
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TENNIS	Monthly	Annual
Tennis Only	R 196	
Tennis, Squash, Gym & Soccer	R 335	R 4,000

5-YEAR UNLIMITED MEMBERSHIP
R 85,000
Must be paid upfront
SOCCER - no gym
R 250

CORPORATE MEMBERSHIP LIMITED ROUNDS		
Full	R 67,800	
5-Day	R 32,200	
Unlimited option available to be discussed with Golf Director		
Corporate Rates must be paid upfront		
Includes CGGU & HNA affiliation fees		

SOCIAL MEMBERSHIP		
Male	R 3,750	
Female	R 1,600	

**2019 Rates - Terms & Conditions**

- Full payment must be received by 31/01/2019
- Alternatively a signed Debit Order Instruction must be received.
- Debit orders will incur a R20.00 charge per debit order
- Golf subscription fees exclude all affiliation fees and levies
- Prepaid rounds are available, please contact the Golf Office



### 2019 Subs Payment Calculator

PLEASE PRINT

PERSONAL DETAILS																																									
TITLE:				NAME:													SURNAME:																								
HOME:										WORK:																															
EMAIL ADDRESS:																																									
IDENTITY NUMBER:																																									

ANNUAL SUBS																																									
Compulsory	Category Annual amount	R																																							
	Petrol Golf Cart Storage <b>OR</b>	R																																							
	Electric Golf Cart Storage	R																																							
	Shade Port Parking Bay	R																																							
<b>TOTAL SUBS 2019</b>		R																																							

ANNUAL LEVIES																																								
Compulsory	Locker - Large	R																																						
	Locker - Small	R																																						
Compulsory	2019 Staff admin levy	R					2	0	0																															
Compulsory	Affiliation Male - CGGU	R																																						R 469.00
Compulsory	Affiliation Female - LGG	R																																						R 425.00
Compulsory	Affiliation Male & Female - HNA	R					1	6	6																															
<b>TOTAL LEVIES 2019</b>		R																																						

Payment Method:	
SELECT OPTION BELOW:	
<input type="checkbox"/>	<b>DEBIT ORDER</b> Divide Total SUBS 2019 amount by 12 and add R20 <i>First Debit Order will include all Levies</i>
<input type="checkbox"/>	<b>EFT</b> Total SUBS and LEVIES 2019 due by 31/01/2019
<input type="checkbox"/>	<b>CC</b> Total SUBS and LEVIES 2019 due by 31/01/2019



60 Fifth Street, Lower Houghton  
011 442 7411  
debtors@killarneycc.co.za

PLEASE PRINT

## 2019 Subs Payment Form

<b>PERSONAL DETAILS</b>	
TITLE: <input type="text"/>	NAME: <input type="text"/> SURNAME: <input type="text"/>
RESIDENTIAL ADDRESS: <input type="text"/>	
POSTAL ADDRESS: <input type="text"/> CODE: <input type="text"/>	
HOME: <input type="text"/>	WORK: <input type="text"/> CELL: <input type="text"/>
EMAIL ADDRESS: <input type="text"/>	
By providing your email you are giving explicit consent for Killarney Country Club to contact you with information and promotions	
IDENTITY NUMBER: <input type="text"/>	DATE OF BIRTH: <input type="text"/>

<b>JUNIOR MEMBERSHIP</b>	
Parents Name: <input type="text"/>	Membership No: <input type="text"/>

<b>PAYMENT</b>	
<b>ELECTRONIC FUNDS TRANSFER</b>	
<input type="checkbox"/>	TICK THIS BOX TO SELECT EFT
ACC:	Killarney Country Club
BANK:	Nedbank
BRANCH:	198-765
ACC:	195-840-9987
REF:	Your Name & Surname
Full payment must be received by 31 January 2019	

<b>CREDIT CARD</b>	
NAME on CARD: <input type="text"/>	
CC NUMBER: <input type="text"/>	
EXPIRY: <input type="text"/>	CVV: <input type="text"/>
AMOUNT: R	<input type="text"/>
AMOUNT IN WORDS: <input type="text"/>	
SIGNATURE: <input type="text"/>	
DATE: <input type="text"/>	
<b>CARD TYPE</b>	
<input type="checkbox"/> Amex	
<input type="checkbox"/> Visa	
<input type="checkbox"/> Diners	

<b>DEBIT ORDER INSTRUCTION</b>	
NAME OF ACC HOLDER: <input type="text"/>	
BANK: <input type="text"/>	BRANCH NAME: <input type="text"/>
ACC No: <input type="text"/>	BRANCH CODE: <input type="text"/>
ACC TYPE: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	DEBIT DATE: <input type="text"/> OF MONTH AMOUNT: R <input type="text"/>

**A. Authority**  
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in this Agreement and commencing on 05 January 2019 and continuing until 05 December 2019 or until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.  
The individual payment instructions so authorised to be issued must be issued and delivered monthly. If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.  
I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. With a reference number which will be **my membership number** preceded by **KCC**.

**B. Mandate**  
I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. I/We agree to pay any penalty bank charges relating to this debit order instruction.

**C. Cancellation**  
I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**D. Assignment**  
I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Signature - Account holder on the Bank Account