



MEMBERSHIP APPLICATION FORM

MEMBER NUMBER

1810 000

INDICATE WHICH HOLIDAY CLUB YOU WISH TO APPLY FOR

Silver Lite

☐

Silver

☐

Gold

☐

African Safari

☐

Please Print In Capital Letters Or Tick Where Applicable

Personal Details							
Title			Date of Birth			I.D No	
Surname						Sex:	
First Name (s)						Payment Method..... Proposed Premium Premium Frequency..... Payment Dates.....	
Postal Address							
Mobile #							
Email:							
Occupation							
Employer Details							
Destination Country				Preferred Holiday Destination			
Total # of travellers	Adults		CHLDN U12		INFANT 0-2		
No of nights		Mode of transport					
for office use only						SCN	
SCN						SC Code	
SC Code						PRP	
PRP						Sharing %	
C.R.O.	Horizon Date:					prescribed Premium:	

Signed at _____ on the _____ Day of _____ 2018

Applicants Signature _____