KONKA
FAMILY ADVENTURE RESORT
EST. 2007



MEMBERSHIP APPLICATION FORM

Title: _____ Initials: _____ Surname: _____

First name(s) _____

ID no / Passport no: _____

Email: _____

Contact number: _____ Additional contact number: _____

Postal/ Residential Address: _____

_____

_____ Postal Code: _____

Details of additional JOINING family members		
Name	Contact Number	Date of Birth

I _____ undertake hereby to abide by the Conduct Rules as set out hereunder and accept responsibility for my family and guests and furthermore accept that my membership can be suspended and/or revoked in the event that my family and/or my guests and/or I do not abide by these Conduct Rules.

Signed: _____ Date: _____

OFFICE USE:

Start date: _____

Joining fee: _____ Paid: _____