



THE STRONG ONES

# S.A. OLYMPIC HEALTH WORLD

ADDRESS:  
25 NEW MARKET ESTATES  
C/R DERBY & HEIDELBERG RDS.  
NEW MARKET  
ALBERTON

P.O. BOX 1437  
ALBERTON 1450

TEL: 011 869 9904  
011 869 9990  
011 869 9303  
A/H: 083 226 8385  
A/H: 082 471 6855  
FAX: 011 907 8092

## MEMORANDUM OF AGREEMENT

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Title: \_\_\_\_\_ I.D.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_

### MEMBERSHIP DETAILS

Type of Membership: \_\_\_\_\_ Membership Period: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Source of Joining: \_\_\_\_\_

Consultant's Full Name: \_\_\_\_\_ Code: \_\_\_\_\_

### FAMILY DETAILS

Name: \_\_\_\_\_ I.D. No \_\_\_\_\_

Name: \_\_\_\_\_ I.D. Number \_\_\_\_\_

Name: \_\_\_\_\_ I.D. Number \_\_\_\_\_

Name: \_\_\_\_\_ I.D. Number \_\_\_\_\_

### MEMBERSHIP FEE DETAILS

Membership Fee: \_\_\_\_\_ R \_\_\_\_\_ Administration Fee: \_\_\_\_\_ R \_\_\_\_\_

Discount of: \_\_\_\_\_ R \_\_\_\_\_ Discount: \_\_\_\_\_ R \_\_\_\_\_

Total: \_\_\_\_\_ R \_\_\_\_\_

Number of Equal Instalments: \_\_\_\_\_ Instalments of R \_\_\_\_\_

Commencing on \_\_\_\_\_ : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ending on \_\_\_\_\_ : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### INSTALMENT METHOD OF PAYMENT

Debit Order  Cash  Cheque

Name of Bank: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

Type of account: \_\_\_\_\_

I hereby confirm that all the information contained in this Agreement is true and correct. Further more confirm that I have read and I understand all the Terms and Conditions of this Agreement as well as those set out in all attached annexures. and that no guarantees or misrepresentations have been made to me, and that I consider myself bound by this Agreement by my signature hereon.

Dated on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Member

\_\_\_\_\_  
Assisted by

\_\_\_\_\_  
For and on behalf of S.A.Olympic Health World  
and duly Authorized by  
S.A. Olympic Health World

## ANNEXURE A

### DEFAULT

A member shall be in default if: (i) he/she breaches this Agreement. (ii) if he/she fails to pay any amount within 20 days from the amount becoming payable. (iii) if he/she fails to comply with the Club rules applicable from time to time. (iv) if he/she repudiates this agreement. When a member is in default, his/her privileges may be suspended at the Club's discretion, for such a period as the Club may decide. Notwithstanding the aforementioned, the member shall still be liable for payment of all amounts due in terms of this agreement. In the event of any member being in default, and without limiting any other rights of the Club the full balance owing in terms of this agreement shall immediately become due and payable. Plus any costs which have been incurred by the club in the recovery of the debt.

### MEMBERSHIP FEES ARE NOT REFUNDABLE

Under any circumstances. The Club Management has at its discretion the sole right to grant a time extension. Should the Club not grant such time extension, fees shall be payable irrespective of whether the member makes use of the facilities afforded to him/her or not.

### RESELLING OF CONTRACTS

All Gold memberships are resellable. However this "Sale" must be sanctioned by the Club's management. The Club does not guarantee that the client will be successful in his/her attempt to resell. Nor does the Club accept liability for such a sale.. The onus of the sale is upon the client.

### TEMPORARY CLOSURE OR ALTERATION OF HOURS

It may become necessary to change opening and closing times or facilities during the different seasons of the year. Also because of the vast improvements and possible lack of attendance, it may become necessary to temporarily close a certain section or facility. If this situation occurs, the Club will do everything in its power to reopen such a section or facility as soon as possible.

### MEMBERSHIP DESCRIPTION

Gold: Use of all privileged facilities at S.A. OLYMPIC HEALTH WORLD. Excluding squash and spinning.  
Prestige Gold: Use of all privileged facilities available at the Club including squash and spinning.

### ADDITIONAL CHARGES

will be made should a member request a private instructor.

### BANK CHARGES AND EXTRA CHARGES

The member will be liable for all bank charges and interest charges resulting from RD Cheques, returned Debit Orders agreed to according to club policy and any/all legal costs incurred by the Club.

### THIS AGREEMENT

Any / All changes to this agreement must be agreed to and signed by both parties. Requests for renewals made verbally by the member shall be considered legal and binding by both parties by the actions of the member immediately after such a request is made.

### ACKNOWLEDGEMENT

The client accepts full liability for all fees plus any legal costs (if incurred) and deems this agreement as totally reasonable by his/her signature hereon. Furthermore the client agrees that no misrepresentations or promises have been made by anyone to anyone, other than those contained in this agreement and the master annexure and agrees to abide by these Terms and Conditions fully.

1. Should the Club at any stage take action against the member pursuant to any of the terms and conditions of this agreement attached hereto annexure the member shall be responsible for all costs pertaining to such action on the scale as between attorney and client. In addition, the member shall be liable for all bank charges which may be incurred by the Club pursuant to all the terms and conditions of this agreement and annexure
2. For all purposes arising here from the member hereby chooses his/her address as the one given on the reverse side of this agreement.
3. A certificate given by or on behalf of any member of the Club's management regarding any of the terms and conditions hereof, shall at all times be deemed to be prima facie proof of the contents thereof.

Signed on this the \_\_\_\_\_ day \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member assisted by

\_\_\_\_\_  
For and on behalf of S.A.Olympic Health World  
and duly Authorized by  
S.A. Olympic Health World