



# MEMBERSHIP APPLICATION

P O BOX 2709  
KNYSNA  
6570

CHAIRMAN: KEITH HOLLIS  
DEPUTY: RICKY MASKEW  
TREASURER: JAMES BOTHA

**I/We hereby apply for membership of the Leisure Island Residents Association**

Surname & initials .....

First name/s ..... Partner's name .....

ERF number on Leisure Isle .....

Street & Number .....

Postal Address .....

..... Code .....

Home Phone no ..... Cell no ..... Fax no .....

Email address. ....

Are you a permanent resident of Leisure Isle? Yes / No

Is your Leisure Isle home ever rented out as a holiday home Yes / No

If so agent's name & contact number .....

Is your Leisure Isle home rented on a permanent basis Yes / No

If so tenant's name & contact number.....

**Signature..... Date.....**

### Membership fee 2016/2017

**Annual Payment:** R 4 200 payable before **31 December 2016** by debit order, direct transfer or cheque.

NOTE: In the first year the annual fee will be the number of months still to run to the end of October of the following year x R370.

**Monthly Payment:** R370 pm by debit order

**Annual Revision of Membership Fees:** Membership fees are advised annually effective 1 November as approved by Membership at the Annual General Meeting

**Contact Number: Keith Hollis 082 442 9290, James Botha 082 491 0681**



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**Should you wish to pay by Debit order instruction – please complete the following**

Accountholder name .....Address .....

Bank ..... Branch ..... Branch code .....

Account number .....

Type of account: current (cheque)/ Savings/Transmission *(Tick which applies)*

Annual Fee ..... Or Monthly Fee ..... *(Please indicate by marking clearly)*

**LIRA Bank A/c:**

Abbreviated name as Registered by the Bank: **LEISUREISL**

FNB Knysna Branch: **Code 210214** Account number: **62012612009**

Address: **P O Box 2709 Knysna. Treasurer 18 George Ave, Leisure Isle, Knysna 6570**

**A. Authority**

I/we authorize 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 instruction will never exceed my/our annual or monthly membership fee as determined by the Members in Annual General Meeting. This mandate shall commence on the date of signing the mandate and shall continue until cancelled by me and advising you by post or e-mail addressed to the Treasurer.

The individual payment instructions as authorized must be issued and delivered on the 3<sup>rd</sup> working day of the month in respect of monthly fees and the 3<sup>rd</sup> working day in November in respect of annual fees.

I/We understand that withdrawals hereby authorized will be processed through a computerized system provided by South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain the reference, LIRA, which must be included in the said payment instruction

**B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if instructions have been issued by me/us personally.

**C. Cancellation**

I/We acknowledge that I/we may cancel this Authority and Mandate at any time.

**D. Assignment**

This Authority and mandate may not be ceded or assigned.

**E. Agreement Reference**

The agreement reference is LIRA

Signed at ..... on this ..... day of .....

**Signature ..... (as used for operating on the account)**

Please return this completed form (with cheque, if applicable) to, James Botha, 18 George Ave., Leisure Isle, 6571 or P O Box 2709, Knysna 6570 or email to: jkab@kingsley.co.za