

# ATKV Membership Application

TITLE: INITIALS: SURNAME:  
FIRST NAME(S):  
ID NUMBER: PASSPORT:  
POPULATION GROUP (FOR STATISTICS): BLACK COLOURED WHITE INDIAN

## PARTICULARS OF MAIN MEMBER:

EMAIL:  
TEL (H): POSTAL ADDRESS:  
TEL (W):  
CELL: POSTAL CODE:

HOW DID YOU HEAR ABOUT THE ATKV? IF FROM AN ATKV MEMBER, PLEASE PROVIDE HIS/HER MEMBERSHIP NUMBER:

## DEBIT ORDER INSTRUCTIONS

I, the undersigned, authorise the ATKV to request the appropriate amount and I request and authorise the bank mentioned below to debit the appropriate amount in the favour of the ATKV. All such debits from my bank account in favour of the ATKV are considered signed by me. I agree to pay any associated bank fees. Membership fees are adjusted from time to time. The adjustment will be announced in the official magazine of the ATKV and on the ATKV website. Please note that there is a waiting period of six months before you qualify for the discount at the resorts, but if you pay annual membership fees, you will immediately qualify for the discount.

Debit order date: 1st 15th 26th

Name of account holder:

Bank: Branch name: Branch code:

Account number:

Type of account: Cheque Savings Transmission

Type of membership: Standard Contributory

Payment frequency: Annually (R1250) Monthly\* (R115)

\*Monthly payments will be deducted by debit order.

I, the undersigned, accept the objectives, [mission and values](#) of the ATKV, and defer to the corporate structure of the company, and have read the clause on the act on the Protection of Personal Information\*. I undertake to ensure the punctual payment of membership fees as agreed.

The ATKV and/or its strategic partners may contact me via email, SMS, post, or telephone.

SIGNED AT (PLACE): DATE:

The undersigned agrees that the ATKV and/or its strategic partners may contact me via email, SMS, post, or telephone.

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**Signature**

\*The Protection of Personal Information Act, No 4 of 2013

● The undersigned duly confirm that I acknowledge the ATKV's Article 18 notice on the ATKV's website and that I give permission that my personal information can be collected; and/or ● By signing this form I confirm that I give consent that the ATKV doesn't need to comply with the obligations stipulated in Article 18 (1) of The Protection of Personal Information Act; and/or ● By signing this form I give consent that the ATKV can collect special personal information as stipulated in Article 26 of the Protection of Personal Information Act.

If you are not making use of the automatic send function, you can fax your membership application form to 011 919 0205 or email it to [ledesake@atkv.org.za](mailto:ledesake@atkv.org.za).

TERMS AND CONDITIONS APPLY.

