P.O. Box 16, Boshoek, 0301
Tel: 082 552 2689
e-mail: adriroets@vodamail.co.za
orsa.klub@gmail.com

APPLICATION FOR MEMBERSHIP 2026

SURNAME: _____

FIRST NAME : _____

ADDRESS : _____CODE _____

I.D. NO. : _____

TELEPHONE NO. : CODE :_____ NO.: _____

CELL PHONE : _____

E - MAIL : _____

MEMBERSHIP FEE R 500.00 ☐ **Signature of Applicant**

_____

BANKING DETAIL:

OFF ROAD SA
FNB, RUSTENBURG
BRANCH CODE : 260246
ACC.NO. : 53600078183

PLEASE ENCLOSE PROOF OF PAYMENT AS FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION NOT BEING PROSESSED.

OFFICIAL USE ONLY MEMBERSHIPNO. DATE RECEIVED