

# APPLICATION FOR MEMBERSHIP



**PHYSICAL** Jip de Jager Drive, Welgemoed, 7530, SOUTH AFRICA | **POSTAL** PO Box 6186, WELGEMOED, 7538  
**TELEPHONE NUMBER** +27 21 913 3100 | **FAX NUMBER** +27 21 913 5121 | **E-MAIL** info@bellvillegolf.co.za

## APPLICANT

SURNAME

NAME

DATE OF BIRTH

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TELEPHONE NUMBER

MOBILE NUMBER

PHYSICAL ADDRESS

E-MAIL ADDRESS

## MEMBERSHIP AT OTHER CLUBS

CLUB NAME

TYPE OF MEMBERSHIP

HOW MANY YEARS

CURRENT SA PLAYER ID

## MEMBERSHIP DESIRED

- |                                   |                                  |                                  |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> FULL     | <input type="checkbox"/> LADIES  | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> SENIOR   | <input type="checkbox"/> WEEKDAY | <input type="checkbox"/> COUNTRY |
| <input type="checkbox"/> UNDER 35 | <input type="checkbox"/> SCHOLAR | <input type="checkbox"/> SOCIAL  |

PAYMENT HEREWITH

R

## APPLICANT

I, THE APPLICANT, DO HEREBY BIND MYSELF TO THE RULES AND REGULATIONS OF THIS CLUB IN TERMS OF ITS CONSTITUTION AND DECLARE MYSELF TO BE FULLY ACQUAINTED THEREWITH AND WHICH I ACKNOWLEDGE AND UNDERSTAND

HANDTEKENING | SIGNATURE

DATUM | DATE

## NOTES

- Temporary membership is acquired until the application has been approved.
- The management committee reserves the right to acquire a clearance certificate from former clubs.

ANDER | OTHER: \_\_\_\_\_

## FOR OFFICE USE

REFERAL	PLAYER ID	MEMBERSHIP AGREEMENT	DEBIT ORDER

