

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

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TELEPHONE NUMBER

MOBILE NUMBER

PHYSICAL ADDRESS

E-MAIL ADDRESS

BILLING ADDRESS

MEMBERSHIP AT OTHER CLUBS

CLUB NAME

TYPE OF MEMBERSHIP

HOW MANY YEARS

CURRENT SA PLAYER ID

MEMBERSHIP DESIRED

FULL

LADIES

STUDENT

SENIOR

WEEKDAY

COUNTRY

UNDER 35

SCHOLAR

SOCIAL

PAYMENT HEREWITH

MONTHLY FEE

FOR OFFICE USE:

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

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

ANDER | OTHER: _____