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TELEPHONE NUMBER +27 21 913 3100 | FAX NUMBER +27 21 913 5121 | E-MAIL info@bellvillegolf.co.za

Membership Agreement Agreement Number:

l,	, ID Number,
Email address: Cell phone No:	
Physical address:	
month. I would prefer	ertake to pay my membership fee of R per my debit order processed on the 29 th of the preceding month or the 2 nd day less out the date you do not prefer) I understand that membership fees are
	able to SAGA and HNA are included in the Membership fee above. I agree may pay over such fees on due date and that I will be indebted to Bellville tion Fees.
period of 12 months amend the annual Mamended Membership	reement, I understand that the term of Membership will be for a minimum with a three-month notice period. Bellville Golf Club will have the right to lembership fees at the end of every financial year (31 December). The fees will be notified to all members via written announcements displayed at efore 30 November annually.
for payment of the furesignation, default or month membership fe	Ild I resign or for any reason default on the payments, that I will remain liable II Membership fee for the minimum period of twelve months. On date of termination of membership for whatever reason the full balance of the 12-e shall immediately become due and payable without further notice to me. payment will result in the termination of membership with immediate effect.
	given herein as my Domicilium citandi et executandi for the service of all ice must be in writing and it shall be competent to give notice by e-mail.
I agree to the conditio	ns above:
Signed at	on this day of
	MEMBER

www.bellvillegolf.co.za