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
	x x
PHYSICAL ADDRESS	E-MAIL ADDRESS
MEMBERSHIP AT OTHER CLUBS	
CLUB NAME TYPE OF MEMBERSHIP	HOW MANY YEARS CURRENT SA PLAYER ID
MEMBERSHIP DESIRED	
FULL LADIES COUNTRY	
SENIOR WEEK DAY SOCIAL	
UNDER 35 SCHOLAR	
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.	
2. The management committee reserves the right to acquire a clearance certificate from former clubs.	
ANDER OTHER:	