Kuilsrivier Golf Club

APPLICATION FOR MEMBERSHIP

Title…… Initials……Surname……..……Name…….....

Membership required (circle)
Full, Limited, Intermediate (Under 36yrs), Initial (Under 27yrs), Scholar (Under 20yrs)

I.D. / Passport No (Copy Required)…… Date of Birth…….

Tel: Cell……Work:……..……..Home……

Email……

Residential/Postal address…….....

Occupation…… Employer…… Handicap at previous club……..

I am/was a member of: 1……Golf Club for ……Year/s

2……Golf Club for ……Year/s

Have you ever been requested to resign from one or other club or have you been refused membership Yes / No
If Yes, please give reasons……
Please supply us with a reason(s) for joining Kuilsrivier Golf Club

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I understand:
- that my application will only come into effect after it has been posted on the official notice board for 14 (fourteen) days before it will be brought before the committee for final approval. I further understand that the membership fees must be paid in full by no later than 14 (fourteen) days from date of confirmation of acceptance (monthly debit order facility available). Should my application not be accepted, any fees paid by me will be refunded. In the event of my application being approved it will be subject to a probation period of 12 months. By signing this Agreement, I understand that the term of Membership will be for a minimum period of 12 months with a one-month notice period. I understand that should I resign, or for any reason default on the payments, I will remain liable for payment of the balance of my Membership fee up to the end of the financial year. Default on the monthly payment will result in the suspension of membership with immediate effect.
- that the termination of membership can only occur according to the constitution of the club.
I herewith undertake to familiarize myself with the constitution of the club and to abide by the rules and procedures as set out therein. I hereby consent to receive advertising from the club's sponsors via post, e-mail and or cell phone .I declare that the abovementioned information is true and correct in every respect and I understand that my membership will be terminated if this is found to be incorrect.

Date ……..……..…… Signature ……

Banking Details: ABSA Kuilsriver Acc No 101 724 2381 Branch code 632 005 Cheque account.

Contact Number	Club E-mail	Website
021-9030222	info@krgc.co.za	www.kuilsriviergolfclub.com
Approved/Rejected by committee		

		Date	Details
MEMBER NUMBER			
CM / INVOICE			
PAYMENT			
HNA (CM)			
CARD ORDERED			
SAGA			
MULTI DATA			