

MACCAUVLEI GOLF CLUB

POSTNET SUITE 134
PRIVATE BAG X3706
THREE RIVERS 1935

TEL: 016-421 3196/7
FAX: 0864618060

E MAIL : info@maccauvleigolfclub.co.za

DATE:.....

APPLICATION FOR MEMBERSHIP

I _____ (Full names)
ID _____ Hereby apply to become a member of
Maccauvlei Golf Club.

In doing so I take full responsibility to:

- Read and abide to the Constitution of the Club of which a copy is available from the Manager.
- To notify the Club should address and/or telephone numbers change and to notify the Club in writing to resign from the Club.

Physical Address: _____ Postal Address: _____

Tel. no: (H) _____ (W) _____ Cell: _____

E-Mail Address: _____

Date of Birth: Day _____ Month _____ Year _____

Male/Female _____

Category: _____

Occupation: _____

Name of Employer: _____

How will you be paying: Please choose one of the following:

Debit Order Annual

Have you been a member at a previous club? _____

Name of club: _____

Current Handicap: _____

All categories to run for at least a 12 month period with 1 month written notice period.

All monthly members to sign in house debit order with the club.

Signature (Applicant)

Office use only

Accepted: _____

Membership number: _____

Date: _____