



P O Box/Posbus 40 MALMESBURY 7299 L: 022 4871289 FAX: 022 4871266 E MAIL: clubmanager@cornergate.com

APPLICATION FOR MEMBERSHIP

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

Membership required (circle) **Full Member Under 36yrs Under 26yrs Scholar Foreigner**

Pre-paid: Yes / No

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

I am/was a member of: 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 reason.....

I 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. 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 de-activation of membership with immediate effect. – until payment is made, if no payment is received, termination of membership will occur according to the constitution of the club. I hereby 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 **(YES/NO)** to receive bulk general communication and news from the club 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

Date..... Captain Signature

Banking Details: Nedbank Business Swartland:

Acc No 1285080475 Branch code: 128505 Cheque account. Please use Name and Surname as reference

	For office use	Date	Notes
Member Nr			
HNA			
CARD			
CM			
D/Order			
CM Invoice			
Payment			