

PAROW GOLF CLUB GHOLF KLUB

FRANS CONRADIE DRIVE/RYLAAN
PAROW
7500



TEL: (021) 930-2160/12

FAX: (021) 939-7756

Application for Membership

To be completed by Applicant		PLEASE PRINT				
Surname:				Title:		
Full Names:						
Home Address:						
Work Address:						
Telephone:	Home / Huis:					
	Work / Werk:					
	Cell:					
	e-Mail:					
Occupation:						
Date of Birth:				ID Number:		
Membership required:	Full Member	6 Day	5 Day	Social	Under 32	
	Under 25	Scholar	Country			
Please ring selection						
Have you ever been requested to resign from any other club or been refused membership?					YES	NO
If yes, specify reasons				Handicap		
Other/Present/Sport Clubs				Years		
<p><i>I herewith undertake to abide by the the Constitution and rules of the Club</i></p> <p><i>I herewith understand that the Club would have sole right to call on me for any league match in which the club may compete</i></p> <p><i>I herewith understand that the termination of membership can only occur according to Constitution rights</i></p> <p><i>I understand that it is obligatory for new members to attend a welcoming ceremony - of which I will be informed.</i></p> <p><i>I undertake to hand in a letter of good standing from my previous club if required</i></p>						
Date	Signature of Applicant:					
<p>We hereby certify that the above mentioned Applicant is of good character and will be an asset to the Club.</p> <p>We accept responsibility to introduce the Applicant to members, if required, once accepted as a member</p>						
PROPOSER (SURNAME & Names)				Years as Member		
Applicant is known to me for Years		Signature				
SECONDER (SURNAME & Names)				Years as Member		
Applicant is known to me for Years		Signature				
APPROVED / DECLINED BY COMMITTEE ON			APPLICATION RECEIVED ON			
DATE						
SIGNATURE (Captain)						
Computer Number		Receipt Number		Card Issued		
<p>POSBUS 109, PAROW, 499 E mail: parow golfclub@m we b.co z a P.O. BOX 109, PAROW, 74 g</p>						