

# PAROW GOLF CLUB      GHOLF KLUB

FRANS CONRADIE DRIVE/RYLAAN  
PAROW  
7500



TEL: (021) 930-2160/1/2  
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 Male	6 Day	5 Day	Social	Under 35	
Please ring selection		Under 23	Full Lady	Scholar	Country		
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 409      E mail: parowgolfclub@mweb.co.za      P.O. BOX 109 PAROW 740</p>							