

PAROW

GOLF CLUB



GHOLFklub

MEMBERSHIP APPLICATION FORM

TEL: (021) 930 2160/1/2

Email: secretary@parowgolfclub.co.za

Surname:	*	Title:	
Full Names:	*		
Home Address:	*		
Work Address:			
Telephone:	Home		
	Work		
	Cell	*	
	E-mail	*	
Occupation			
Date of Birth	*	ID Number	*
Membership Category	Full Member	Society Member	Junior member
	Senior Member	Under -25 Member	Social Member
Have you ever been requested to resign from another club or refused membership?			YES NO
If yes, specify reason			
Handicap:		Years:	
I herewith undertake to abide by the Constitution and Rules of the Club. 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 herewith understand that the termination of membership can only occur according to Constitution rights.			
Date:	*	Signature:	*
Proposers and Seconders for Application			
We hereby certify that the above mentioned applicant is of good character and will be an asset to the club. We accept responsibility to introduce the applicant to members, if required, once applicant is accepted as a member.			
PROPOSER (Name & Surname):			
Signature:	Years as Members:		
SECONDER (Name & Surname):			
Signature:	Years as Members:		
Approved/Declined on (date):	Application Received on (date):		
Captains Signature			
CM Number:	Card Issued:	YES	NO