



# PORT ELIZABETH GOLF CLUB - *The Hill*

## MEMBERSHIP APPLICATION FORM

I, the undersigned, hereby apply for membership of the Port Elizabeth Golf Club and agree, if approved, to pay to the Club the subscription and affiliation fees for the time being payable by me as a member, in accordance with the Rules and Bye-laws of the Club and agree to observe and be bound by there said Rules and Bye-laws generally. I also understand that should I wish to resign my membership, I have to do so in writing by 1 December of any year else, I will be held liable for my fees for the following year.

MEMBERSHIP TYPE \_\_\_\_\_

FULL NAME & SURNAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_ CODE \_\_\_\_\_

HOME TEL NO \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ID NO \_\_\_\_\_

PROFESSION \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

MEMBERSHIP CLUB, IF ANY \_\_\_\_\_

SA PLAYER ID \_\_\_\_\_ HANDICAP \_\_\_\_\_

I certify that the above information is correct and that I have read and understood the contents on the reverse of this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY** CLUBMASTER MEMBERSHIP NO \_\_\_\_\_

INTRODUCED BY MEMBER	YES	NO	MEMBER NAME	
MEMBERSHIP TYPE				
ALL IN GREEN FEE OPTION				
SAGA HANDICAP CARD				
				TOTAL PAYABLE

