

PORT ELIZABETH GOLF CLUB

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 the 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: _____

PHYSICAL ADDRESS: _____ Code: _____

HOME TEL NO: _____ WORK TEL NO: _____ CELL NO: _____

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 of this application.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

CLUBMASTER MEMBERSHIP NO: _____

MEMBERSHIP TYPE		
ALL IN GREEN FEE OPTION		
SAGA and HANDICAP CARD		
TOTAL PAYABLE		

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