

Physical: 13 Shiraz Ebrahim Street, Fisantekraal, Durbanville, 7550

Tel: 061 147 8472 Fax: 086 600 4911

Email: info@fisantekraalgolf.co.za

Web: www.fisantekraalgolf.co.za



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:	Surname:
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Birth Date:	ID Number:	Nick Name:
Current address:		
City:	Code	Email:
Tel:	Fax:	Cell:

MEMBERSHIP AT OTHER CLUBS

Name of Club:

| Type of Membership: | How long: |
| Handicap: | Current Membership Fee: | Fees Outstanding: |

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Phone:	
City:	Province:	Cell:
Relationship:		

TYPE OF MEMBERSHIP DESIRED

| Full: | Ladies: | Student/Junior: |

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MEMBERSHIP FEES

Full:	Annual Levies:	Total:
Ladies:	Annual Levies:	Total:
Student/Junior:	Annual Levies:	Total:

TOTAL DUE:

Note: Application for membership can only be considered if the applicable amount has been paid.
Membership fees are calculated pro-rata from the date of membership to the highest rand.
The annual levies is payable in full.
Membership if approved, commences on the first day of month following this application.
No application for membership shall be considered unless such applicant has been introduced to the committee members.

COMMITTEE MEMBERS

We the undersigned met with the applicant.

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

APPLICANT

I, The applicant, do hereby bind myself to the rules and regulations of this club in terms of its constitution and declare myself to be fully acquainted therewith and which I acknowledge and understand.

Signature of applicant:	Date:
Signature of Witness:	Date: