



P.O. BOX 123  
 WHITE RIVER  
 1240  
 Ph: 013 751 3781

## APPLICATION FOR MEMBERSHIP

FIRST NAMES: \_\_\_\_\_ MEMBERSHIP TYPE:  Full  Family  Veteran  Country  Home Owner

SURNAME: \_\_\_\_\_  Junior  Student <24  Weekly  Sectional

NICKNAME: \_\_\_\_\_  18-24yr  25-30yr  31-35yr  36-39yr

INITIALS: \_\_\_\_\_ TITLE \_\_\_\_\_ SECTION:  Golf  Hockey  Cricket  Squash

ID NUMBER: \_\_\_\_\_  Tennis  Social  Petanque

BIRTH DATE: \_\_\_\_\_ UNLIMITED GOLF:  Y  N AGE: \_\_\_\_\_ GENDER:  M  F

E-MAIL: \_\_\_\_\_

CELL No: \_\_\_\_\_

SA PLAYER ID No: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

HANDICAP INDEX: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ACTIVE:  Y  N HANDICAP REQUIRED  Y  N NAME OF SPOUSE: \_\_\_\_\_

ELECTION DATE: \_\_\_\_\_ SPOUSE'S ID No: \_\_\_\_\_

**ADDRESS** **TELEPHONE No's**

BUSINESS: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

POSTAL: \_\_\_\_\_ HOME: \_\_\_\_\_

CODE: \_\_\_\_\_ FAX: \_\_\_\_\_

PROPOSER No: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

SECONDER No: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Have you been asked to resign , or refused membership of any other club? If so , please state circumstances: \_\_\_\_\_

Have you been a member of another Club and if so, where and when did/does your membership expire? \_\_\_\_\_

Any changes in membership status, must be done in writing. **Resignations only acceptable in writing by latest 30th of April of applicable year**, he/she will be held liable for ANY outstanding moneys raised for the following year's subscriptions, or will be posted as a defaulter. Resignation received during the year of membership, will forfeit the full subscriptions paid for that year. No Refunds are permissible.  
 Copies of the Club Constitution are available on request from the Club Office or on our website. One application per person is required. By signing this application you are confirming membership and agree to costs quoted. This application form may not be completed for quotation purposes.

**Declaration:** I, \_\_\_\_\_, hereby wish to apply for membership of White River Country Club and agree to be bound by the Constitution of the Club and abide by the rules and regulations of the Club

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**For office use only**

FEES PAYABLE	
ENTRANCE	
SUBS PRO RATA	
AFFILIATION	
NGN	

DATE RECEIVED	
SECTION COMMITTEE	
MANAGEMENT COMMITTEE	
GLOVENT	<input type="checkbox"/> HNA <input type="checkbox"/> <input type="checkbox"/> CARD <input type="checkbox"/>
MEMBERSHIP NO.	