



**PINE LAKE DRIVE  
WHITE RIVER  
1240  
Ph: 013 751 3781**

**APPLICATION FOR MEMBERSHIP**

FIRST NAME/S: \_\_\_\_\_ GOLF MEMBERSHIP:  Full  Full Family  Veteran  Veteran Family

SURNAME: \_\_\_\_\_  Junior  Student  Weekly

INITIALS: \_\_\_\_\_ TITLE: \_\_\_\_\_  19 - 24  25 - 30  31 - 35  36 - 39

ID NUMBER: \_\_\_\_\_ SECTION:  Snooker  Padel - Individual Sections

BIRTH DATE: \_\_\_\_\_  Tennis / Squash / Petanque - All 3 under 1 membership

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CELL No: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

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

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

**ADDRESS**

**TELEPHONE No's**

HOME ADDRESS: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

\_\_\_\_\_ HOME No: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SECONDER 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? \_\_\_\_\_

**Please note the below important points:**

1. Any changes in membership status, must be done in writing as resignations are only acceptable if received by 30 April of the applicable year, otherwise he/she will be held liable for ANY outstanding moneys raised for the following years' subscriptions, or will be posted as a defaulter
2. Resignation received during the year of membership, will forfeit the full subscriptions paid for that year
3. Copies of the Club Constitution are available on request from Management
4. By signing this application you are confirming membership and agree to costs quoted

**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	

DATE RECEIVED	
SECTION COMMITTEE	
MANAGEMENT COMMITTEE	
MEMBERSHIP NO.	