



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: _____ SECTIONAL: Padel / Tennis / Squash / Petanque

BIRTH DATE: _____ ** All 4 included (Please indicate your primary choice)

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.	