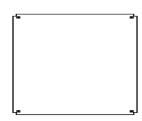
Amount:
Receipt:
Account nr:





**Member Type:** 

$\Box$ Full $\Box$ 6day $\Box$ 5day $\Box$ U		$\Box$ 6day	$\Box$ 5day	$\Box$ U3
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## WELCOME TO STELLENBOSCH GOLF CLUB Application for Membership (1 Aug – 31 Jul)

Title:Full Names:			
Birth date:	ID Number:		
Gender;	Nationality:		
Email:	Cell phone number:		
Home Tel:	Work Tel:	Fax number:	
Residential address:			
Postal address:			
Employer:	Occupation:.		
Any family that is a member of Ste	ellenbosch Golf Club:		
If yes what is the relation:			
I hereby apply for membership of the Club	the Stellenbosch Golf Club	and agree, if elected, to abide by the Constitution of	
Signature:		Date joined:	
COMMITTEE MEMBER:		SIGNATURE:	
(INITIAL AND SURNAME IN BLOCK LETTI			

ADMIN FEE: MEMBERSHIP: AFFILIATION: HANDICAP CARD: