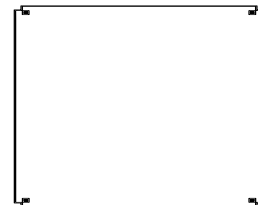


Amount:
Receipt:
Account nr:
Member Type:



STELLENBOSCH
1904



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 Stellenbosch Golf Club:.....

If yes what is the relation:.....

I hereby apply for membership of the Stellenbosch Golf Club and agree, if elected, to abide by the Constitution of the Club

Signature: Date joined:.....

COMMITTEE MEMBER:

SIGNATURE:

.....
(INITIAL AND SURNAME IN BLOCK LETTERS)

.....

ADMIN FEE:

MEMBERSHIP:

AFFILIATION:

**HANDICAP
CARD:**