



Rustenburg Golf Club

Application for Membership

Name in Full: _____
(Block Letters) First Name Surname

Date of Birth: dd/mm/yyyy - - Age: _____

ID Number: Sex: M F

Company Name: _____

Occupation: _____

Physical Business Address: _____

_____ Postal Code: _____

Postal Address: _____

Physical Address: _____

Postal Code: _____

Postal Code: _____

(If Country member Proof of residence is required)

Telephone (Office): _____

Home: _____

Cell: _____

Fax: _____

Email: _____

Next of Kin / Family Member / Friend: _____

Contact Number: _____

Name of other club(s) to which applicant:

Belongs: _____

Belonged: _____

Reference from another club - attached (Y / N)

Has applicant been rejected from any club? (Y / N)

Handicap: _____

Present Handicap: _____

Present Handicap club: _____

Lowest Golf Handicap: _____

My Home Club (handicap) will be: _____

(If Rustenburg Golf Club - Please attach a certified copy of previous handicap)

Date: _____

I, _____ apply to be a member at the RUSTENBURG GOLF CLUB. I confirm that all above information are correct. If elected, I undertake to be bound by the Constitution, Rules, Regulations and By-Laws, which are now, or hereafter may be enforced. I also agree to read the rules and etiquette of golf. I hereby sign that I have received a copy of the club rules.

Signature: _____

Proposer: _____
(Block Letters)

Signature: _____

Secunder: _____
(Block Letters)

Signature: _____

FOR OFFICE USE ONLY
Proposer & Secunder eligibilty checked by: _____
Screened by: _____
Date: _____
Comments: _____

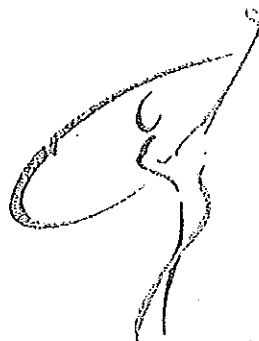
Payment Methods:

- Payment Upfront
- Debit Order
- Cash/Card Payment

DEBIT ORDER FORM

RUSTENBURG GOLF CLUB.
P.O BOX 481
RUSTENBURG
0300

TEL. 014 597 1814



I, _____, member number _____ hereby

grant permission to the Rustenburg Golf Club to deduct an amount of

R _____ on the 1st day of each month, from my bank account

for my subscription fees.

My banking details:

Bank _____

Branch code _____

Type of account _____

Account number _____

Cell number _____

Email Address _____

Signed at _____ on this _____ day of _____

Signature

Any person signing the above, must note that NO cancellation of your debit order will be accepted prior to our financial year end on last day of February of each year. All members will be held liable to pay the above amount until a letter of resignation is received by Rustenburg Golf Club on or before 31 January of each year.

Please note

- * Our financial year runs from 1 March to last day of February therefore, subscription fees will automatically be increased on the 1st of March every year
- * The R 50.00 rand admin fee and the unpaid debit order amount must be paid in cash at our offices.