RUSTENURG GOLF CLUB SUBS MARCH 2021 – MARCH 2022



THERE WILL ONLY BE 2 PAYMENT OPTIONS: {LUMPSUM/DEBITORDER}

| Description | Amount in Full | Monthly Debit Order |
|-------------|----------------|---------------------|
| | MEMBERS {MEN} | STEEL STEEL |
| FULL MEMBER | R 4 650.00 | R 410.00 |
| SNR MEMBER | R 3 580.00 | R 310.00 |

MEMBERS {LADYS}

| FULL MEMBER | R 4 620.00 | R 400.00 |
|-------------|------------|----------|
| SNR MEMBER | R 3 550.00 | R 300.00 |

FAMILY PACKET

| R 7 560.00 | R 650.00 |
|------------|--------------------------|
| R 6 000.00 | R 550.00 |
| R 8 800.00 | R 760.00 |
| | |
| R 5 620.00 | R 485.00 |
| R 5 950.00 | R 515.00 |
| | R 6 000.00 R 8 800.00 |

UNLIMITED MEMBERS

| JUNIOR 1-18YRS | | R4 000.00 ONCE OFF ONLY |
|----------------|-------------|-------------------------|
| SENIOR MEMBER | R 8 950.00 | R 750.00 |
| LADY MEMBER | R 12 150.00 | R 1 030.00 |
| MEN MEMBER | R 12 220.00 | R 1 050.00 |

COUNTRY MEMBER

| COUNTRY MEMBER R 2 800.00 | R 250.00 |
|---------------------------|----------|
|---------------------------|----------|

- EXISTING MEMBERS FEES FOR HNA&NWU: @MEN: R678.00 @WOMEN: R583.00
- RENEWING YOUR SRIXON CARD & COURIER: R 300
- FOR NEW MEMBERS THAT IS NOT AFFILIATED: R977.00

**COUNTRY MEMBER MUST SUPPLY PROOF OF RESIDENCE LIVING OUTSIDE RUSTENBURG 50KM

AND MORE**

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| RECEIPT NUMBER: |
|---|
| AMOUNT PAID: |
| FOR OFFICE USE ONLY (Please tick) Captured: |
| SAGA NGN SAGA nr: |
| Payment Type: Cash C/Card EFT |
| |
| GOLF CART PARKING: YES NO |
| IF YES, PETROL ELECTRIC |
| LOCKERS: YES NO |
| |
| LOCKERS: R 1 200.00 PER ANUM |
| MEMBERSHIP APPLICATION FORM |
| TITLE: INITIALS: SURNAME |
| |
| NAME KNOWN BY (NICK NAME): |
| BIRTHDATE: I.D NO. BURG |
| MALE: FEMALE: |
| ◆ TELEPHONE NUMBERS |
| HOME DIAL CODE |
| BUSINESS DIAL CODE |
| CELL NO |
| |

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| POSTAL ADDRESS: | POSTAL CODE |
|---------------------|-------------|
| PHYSICAL ADDRESS | |
| OCCUPATION: | POSTAL CODE |
| IAME OF EMPLOYER: | |
| DDRESS OF EMPLOYER: | POSTAL CODE |
| | |
| | |
| | |
| | RUSTENBURG |
| | |

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| Please indicate class membership with 'X' | | | a de |
|---|----------------|----------------|-----------------|
| MEMBERS MEN. | | | PS S TEAMS LINE |
| MEMBERS LADYS. | ovalidation | | |
| FAMILY PACKET. | | | |
| UNLIMITED PACKAGE. | | 1 | |
| NON AFFILIATED MEMBERS. | | | |
| COUNTRY MEMBER. | | | |
| PACKAGE NAME: (FULL, SNR, JNR) | | | |
| LATEST HANDICAP: | | | |
| CLUB WHERE HANDICAP WAS OBTAINED: | | | |
| DO YOU WISH TO BE HANDICAPPED @ RUSTEN | IBURG GOLF CLU | JB: YES ☐ NO ☐ | |
| DO YOU WISH TO APPLY FOR A SWIPE CARD FO | OR HANDICAP: | YES □NO □ | |
| No. of a second | 100 | | 100 |

IMPORTANT INFORMATION

- 1. Memberships/Subscriptions will commence each year from end of 1ST MARCH till 28TH FEBRUARY, members have sixty days from date of invoice to pay their subs, and thereafter a 15% levy will be charged on overdue accounts per month.
- 2. In the year in which a member joins, the Golf Club, entrance fee is payable irrespective of the date of joining thereafter a Pro Rata system is in place for annual subscription.
- 3. Your Subscription's should accompany this application plus your affiliation fee for the current year.
- **4.** Persons wishing to have their handicap calculation taken over from a previous club should supply the Pro Shop/Admin office with their last 6 differentials. Members wishing to be handicapped by this Club are liable for **Affiliation Fees.**
- 5. <u>Cancellation of memberships:</u> If a member wishes to resign for any reason, he / she will do so by a written notice to Rustenburg Golf Club and signed off by the member before membership subs are renewable before end of January for the next year.

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BANKING DETAILS:



E-MAIL PROOF OF PAYMENT TO: finance@rtbgolfclub.co.za
REFERENCE: FULL NAME AND SURNAME

♦ ADDITIONAL FEES

Handicap Swipe Card and the Annual Affiliation Fee

- Handicap Swipe Card is increased on an annual basis.
- The respective Unions determine the Affiliation Fees.

LOCAL RULES THAT ALL MEMBERS MUST ADHERE TO:

- As a member you are requested to adhere to the dress code at all times which is displayed at the Pro Shop.
- Sandbags are compulsory
- No five balls allowed
- No sharing of clubs

SIGNATURE OF APPLICANT:

- On the greens Repair all pitch forks
- On the fairways Repair all divot marks

THIS APPLICATION IS INTERPRETED UNDER, AND IN PURSUANT, TO THE RULES OF RUSTENBURG GOLF CLUB

| (PLEASE PRINT NAME) | SIGNATURE | DATE |
|---------------------|------------|------|
| | RUSTENBURG | |
| NOMINATED BY: | | |
| | | |
| (PLEASE PRINT NAME) | SIGNATURE | DATE |

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AGREEMENT BETWEEN

| RU | USTENBURG GOLF CLUB |
|--|--|
| | AND |
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| | AT WHEN SHEET STATES AND ADDRESS OF THE PARTY OF THE PART |
| | |
| | |
| I hereby accept an agreement to be a mer | mber at the Rustenburg Golf Club for |
| A period of 12 (twelve) months. I have the | e option to pay my subs monthly or |
| One lump sum payment. | |
| Terms and conditions: Should I resign as o | a member I am aware that I will be liable |
| For the remaining period/subs on my cont | tract. Should I not adhere to my payments? |
| I am aware after a letter of demand is sen | nd the debt outstanding will be handed over |
| To Zietsman & Horn Attorneys. | |
| | |
| Please take note should you need a replac the replacement card. | rement card the fee will be payable in advance when ordering |
| We have golf cart parking as well as locke | ers available at an additional cost. |
| Please take note should you make use of c | our golf cart parking your cart will be brought to the |
| productivity. Please make sure your short | Shop the day before the day of your booking. Due to staff t term insurance is updated as we will take no responsibility of |
| any loss or damage or theft. | |
| | |
| Signed at Rustenburg on day of | 20 |
| | The state of the s |
| APPLICANT SIGNITURE | |
| | |
| ID NUMBER: | |
| | |
| 2 January 2020 | |

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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 | Territoria de |
| R | on the 1 st day of each month from my bank acc | count for my |
| subscription fees. | | |
| | | |
| Banking Details: | | |
| Bank: | | |
| Branch Code: | | |
| Type of account: | | |
| Account number: | <u> </u> | |
| Cell number: | RUSTENBURG | |
| E-mail Address: | | |
| | | |
| Signed at: | on theday of | |
| | | |
| <u>Signature:</u> | | |

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Any person signing the above must note that NO cancellation of your debit order will be accepted prior to our financial year end on the 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 R50.00 admin fee and the unpaid debit order amount must be paid in cash at our offices.

