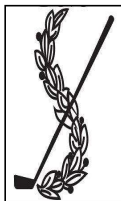


# KRUGERSDORP GOLF CLUB

P.O. BOX 1894  
 Rand-en-Dal  
 KRUGERSDORP  
 1751



TEL: (011) 660-4365 (011) 660-4366  
 (011) 953-5888  
 ADMIN CELL: 064 645 1814  
 E-MAIL: BEATRIX@KDPGC.CO.ZA  
 ALICIA@KDPGC.CO.ZA  
 WEBSITE: www.krugersdorpgc.com

## APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY			
MEMBERSHIP NUMBER	CREATE ACCOUNT	MEMBER TAGS D/O	MEMBER PRODUCT
CLUB		SPENDING	SUBS OTHER
SAGA LOADING ON C/M	PLAYER ID	CARD ORDER NUMBER	INVOICE

**I HEREBY APPLY FOR MEMBERSHIP AT KRUGERSDORP GOLF CLUB  
 AND ON ACCEPTANCE WILL ABIDE BY THE CLUB'S CONSTITUTION AND RULES**

CATEGORY OF MEMBERSHIP APPLIED FOR:

NAME  
 SURNAME  
 NICKNAME  
 ID NUMBER  
 DATE OF BIRTH  
 GENDER


POSTAL ADDRESS


CELL NUMBER  
 HOME NUMBER  
 ALTERNATIVE NUMBER  
 (Compulsory for Under 18)  
 E-MAIL ADDRESS  
 (Compulsory for all Members)


CLUB WHERE APPLICANT IS/WAS A MEMBER

STANDARD BANK KEY WEST  
 ACCOUNT NUMBER- 021 351 821  
 BRANCH NUMBER- 01 58 41  
 REFERENCE- NAME AND SURNAME

PAYMENT OPTION	FULL	SPLIT	DEBIT ORDER
AMOUNT PAID	R		

**PLEASE SEE THE ATTACHED SCHEDULE FOR INFORMATION iro THE PAYMENT OPTIONS**

SIGNATURE OF APPLICANT

SIGNATURE OF GUARDIAN (For Under 18)

DATE MEMBER JOINED (Compulsory)

**PLEASE NOTE THAT THIS IS AN ONGOING MEMBERSHIP AND SHOULD YOU WISH TO  
 CANCEL YOUR MEMBERSHIP IT SHOULD BE DONE IN WRITING BEFORE  
 31st JANUARY EACH YEAR**

STAFF SIGNATURE	
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