P.O.Box 335 Mbombela 1200



Telephone: (013) 744-0952

MEMBERSHIP APPLICATION FORM											
Full name & Surname											
Date of Birth											
ID number											
Residential address											
Postal address											
Telephone No. (Home)											
Telephone No. (Work)											
Telephone No. (Mobile)											
Email address											
Must we add you to our contact lists?	Email	YES		NO				YES	NO		
Gender	Male	Male Female									
Proposed membership	Full Golf	Weekday (			olf	Count	try C				
category	Corporate Golf	orporate Golf Senior Go					Social				
Economic sector	Junior Full-	lunior Full-time student				loyed		R	Retired		
Occupation											
Employer / School / College / University											
Club/s where you are currently a member			Handicap								
Name/s ExCo member/s known to you											
Membership of Mbombela Golf Club shall only be conferred on an applicant once the membership application process as defined in the Constitution of Mbombela Golf Club has been completed and the membership application has finally been approved by the Management Committee of Mbombela Golf Club.											
Mbombela Golf Club reserves the right to refuse membership to any applicant. In the event that an application for membership is declined, all monies already paid will be refunded to the applicant in full.											
Please ensure that should you wish to terminate your membership with the club that a letter of resignation is submitted in the month prior to the financial year end (June) to avoid subscription charges for another year as per the constitution.											
Upon acceptance of membership, I the undersigned shall be bound by the constitution and code of conduct of the club. I hereby acknowledge that the club is not responsible for any loss or injury sustained by me, my family or my guests when using the club facilities and I indemnify Mbombela Golf Club in respect of such claims.											
Signature					Date						
Proposer	Name Si				nature			Contact number			
Proposer 1											
Proposer 2											
Seconder	Name Si			Sign	nature (				Contact number		
Seconder 2											
Seconder 2 FOR OFFICE USE ONLY											
Payment option and rate	FC	JK OFFI		<b>SE ONLY</b> Receipt nu	ımher						
Membership number				nterviewe		nd dat	e				
Date put on notice board	ExCo decision and date										