

STEENBERG GOLF CLUB

APPLICATION FOR MEMBERSHIP (NON-RESIDENTIAL)

SURNAME: _____ FIRST NAMES: _____

IDENTITY NO: _____

PASSPORT NO IF NON SA RESIDENT: _____ AND DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PROFESSION/OCCUPATION: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TEL NO. HOME: _____ WORK: _____

CELL _____

E-MAIL ADDRESS: _____

GOLF CLUB/S OF WHICH APPLICANT IS OR HAS BEEN A MEMBER:

1) _____ (2) _____ (3) _____

PERIOD OF MEMBERSHIP (From – To)

1) _____ (2) _____ (3) _____

CURRENT GOLF HANDICAP _____ DO YOU WISH TO BE HANDICAPPED AT STEENBERG: YES/NO

NAME OF THE CLUB WHERE CURRENTLY HANDICAPPED _____

PROPOSER

SECONDER

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

I hereby apply to be admitted to Non-Resident Membership of the Steenberg Golf Club and submit that all the particulars set out on this application form are correct. If elected, I undertake to be bound by the Constitution, Rules, Regulations and Byelaws (including all amendments thereto from time to time), which are, or hereafter may be in force at The Club and acknowledge that any noncompliance therewith may result in the suspension or termination of my membership. I furthermore acknowledge that the Non-Resident Membership does not confer any voting right on myself. I agree that the Management Committee has, in its sole discretion, the power from time to time to decide whether to grant playing rights to the children of Non-Resident Members and that such playing rights are not automatic.

SIGNATURE _____

DATE _____