



P. O. BOX 25098, MONUMENT PARK, 0105 | TEL (012) 007 - 1147 | members@waterkloofgolf.co.za

#### APPLICANT DETAILS

TITLE					
FULL NAME					
SURNAME					
NAME BY WHICH KNOWN					
ID NUMBER					
BIRTH DATE					
E - MAIL					
POSTAL ADDRESS					CODE
RESIDENTIAL ADDRESS					CODE
TELEPHONE NUMBER					
CELLPHONE NUMBER					
GENDER	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	
PREFERRED LANGUAGE	ENGLISH	<input type="checkbox"/>	AFRIKAANS	<input type="checkbox"/>	

#### EMPLOYER DETAILS

COMPANY NAME	
OCCUPATION	

#### NEXT OF KIN DETAILS

NAME AND SURNAME					
RELATIONSHIP					
RESIDENTIAL ADDRESS					CODE
TELEPHONE NUMBER					
CELLPHONE NUMBER					



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**PREVIOUS CLUB DETAILS**

NAME OF PREVIOUS CLUB	
SA PLAYER ID NUMBER	

**MEMBERSHIP CATEGORY - PLEASE TICK**

MEMBERSHIP TYPE	AGE CATEGORY					
FULL MALE	19 - 34		35 - 59		60+	
FULL LADY	19 - 34		35 - 59		60+	
SIX - DAY	19 - 34		35 - 59		60+	
WEEK - DAY	19 - 34		35 - 59		60+	
FULL STUDENT	19 - 24		PROOF OF REGISTRATION REQUIRED			
SCHOLAR	<18					

PLEASE NOTE THAT WE NEED A COPY OF YOUR ID TO PROCESS A MEMBERSHIP APPLICATION  
PENSIONER PACKAGES ARE APPLICABLE TO MEMBERS OVER THE AGE OF 60

**BANKING DETAILS**

ACCOUNT HOLDER	WATERKLOOF GOLF CLUB
ACCOUNT TYPE	FNB BUSINESS CHEQUE
ACCOUNT NUMBER	623 962 018 41
BRANCH CODE	230 732
REFERENCE	NAME & SURNAME

**PLEASE READ THROUGH**

If elected to Membership, I hereby agree to fully abide by the constitution of Waterkloof Golf Club. I agree to pay the undermentioned fee upon submitting this application and accept that this is not refundable if this application is accepted. In addition I accept that the annual subscription fee is due and payable by 31 December of every year. Resignations must be submit in writing, prior to that date failing which I will be liable for the following years subscription.

SIGNED:	
DATE:	
I HEREBY COMMIT TO TWO YEAR MEMBERSHIP	