



Application for Extended Membership

(To be completed in block lettering)

Full Name: _____

Residential Address: _____

Address: _____

Telephone No. (H): _____ **(Cell)** _____

Email: _____

ENTRANCE PAYABLE ON APPLICATION:

Annual Affiliation Fee	Affiliation & Handicap Card		ID Number
R1000	R400	R150	

Name of the Previous Golf Club of which you were a Member:

Has your membership ever been refused or terminated by any Club? _____

If Yes, state reason: _____

If Golfer, state lowest handicap: _____ **Present handicap:** _____

Agreement

If elected to membership, I hereby subscribe to and agree fully to abide by the rules and regulations in terms of the Sandy Lane Golf Club. Should I resign my membership of club, I accept that membership fees paid to the end of the year are not refundable. In addition I undertake to advise management, in writing, of such resignation.

Date: _____ **Applicants Signature:** _____

If Junior: Date of Birth: _____ **Name of School:** _____

If Student: Name of Institution: _____ **Student No:** _____

Note: If the applicant is a Student or Junior, the signature of a parent or legal guardian will take the place of proposer and seconder. The parent or guardian must be a member of the club.

Date: _____ **Parent / Guardian's Signature:** _____

FOR OFFICE USE ONLY

Golf Fees Receipt No. _____	Affiliation Receipt No. _____	Handicap Card Receipt No. _____
Membership No. _____	Approved by Chairman of the Golfing Section: _____	Date: _____



Declaration by applicant

I (Full Name) _____

do hereby declare that:

A. I was a member of (name of golf club) _____
and that my membership terminated on (date) _____
and that my handicap on this date was _____ and attach a letter from
the golf club in question, in which the above information is confirmed

OR

B. I have never been a member of a golf club and do not have an official handicap.

Signed at _____ on this _____ day of _____.

At Witnesses:

1. _____

2. _____

Signature of Applicant