



SELBORNE PARK GOLF CLUB
MEMBERSHIP APPLICATION FORM

Full Name _____

ID No _____ DATE OF BIRTH _____ / _____ / _____

Company name _____

Residential Address _____ Postal Address _____

e-mail Address _____

Telephone Number (B) _____ (H) _____

(F) _____ (Mobile) _____

Have you ever been refused membership or asked to resign from any club?

Y	N
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What Club are you currently a Member of? _____

Current Handicap _____ Handicap Card No (SAGA) _____

Would you like to be Handicapped at Selborne?

Y	N
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I/we hereby apply for _____ membership.

(Associate / Business / Country / Full / Senior / Junior / Student / Family / Homeowner / Syndicate / Corporate / Local Res M/F)

* Agree that upon acceptance of this application I/we shall be bound by the Terms and Conditions and by the Rules, regulations and Bye-laws.

* Acknowledge that the Club is in no way responsible for any injury sustained by me when using the Club facilities, and indemnify the Club in respect of such claims

* Agree that should I resign from the Club or my Membership be terminated in terms of the Constitution of the Club, then any outstanding balance, at the date such resignation or termination, needs to be settled immediately by me upon cessation of Membership.

* Acknowledge that subscriptions due from the date of acceptance as a member are payable on receipt of notification of the amount due.

* Acknowledge that annual subscriptions are due and payable on 1st September of each year.

* Acknowledge that affiliation fees and handicapping costs are for my account

Signed by Applicant _____ Date of Application _____

Proposer name _____ Proposer Signature _____

Seconder name _____ Seconder Signature _____

OFFICE ONLY

Approved at meeting dated _____ Signed Manager _____

Membership Type approved _____ Signed Captain _____

Account Number Allocated

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