

UMDONI PARK GOLF CLUB

PO Box 124, Pennington, 4184 Tel: (039) 975 1615 Admin Tel: (039) 975 1320 Proshop

APPLICATION FOR MEMBERSHIP

SURNAME _____ FIRST NAME _____

ID No _____ CELL _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS _____

TEL NO (H) _____ TEL NO (W) _____

E-MAIL _____

PRESENT CLUB _____

DO YOU WISH TO BE HANDICAPPED AT UMDONI? YES ___ NO ___

HAVE YOU BEEN REFUSED MEMBERSHIP OR ASKED TO RESIGN FROM ANY CLUB? _____

PROPOSER _____ SIGNATURE _____

SECONDER _____ SIGNATURE _____

COMMITTEE MEMBER _____ SIGNATURE _____

Agreement I/We hereby:

1. Apply for membership type mark X: Full ___ Lady ___ Senior ___ Junior ___ Country ___ Associate ___
2. Agree that upon acceptance of this application I/we shall be bound by the terms & conditions of the constitution, Regulations, Dress, Etiquette, bye-laws & Rules of Golf.
3. Acknowledge that the Club is in no way responsible for any injury sustained by me/us or my/our family, when using the Club's facilities and indemnify the Club in respect of such claims.
4. Agree that should I/we resign from the Club or my/our membership be terminated in the terms of the constitution of the Club, then any outstanding balance at the date of such resignation or termination will fall due to be paid by me/us immediately upon cessation of Membership.
5. Acknowledge that subscriptions due from the date of acceptance as a member, are payable immediately on receipt of notification of the amount due.
6. Acknowledge that annual subscriptions are due and payable on 1st March of each year.

Signature _____

Date _____

OFFICE USE

Amount due: _____

Date Paid: _____ Receipt No. _____

KZNGU No. _____ Date of Issue _____

CAR DISC _____

Banking Details: Umdoni Park (Pty) Ltd, FNB Scottburgh Mall, A/C No. 62658008969