MEMBERSHIP NUMBER: _____

DAINFERN

Contact: Delia King Tel: (011) 875 0431
Email: delia@dainfern.co.za

APPLICATION FOR GOLF MEMBERSHIP

PERSONAL DETAILS:

TITLE: (Mr, Mrs, Miss)

APPLICANT'S FIRST NAME:

APPLICANT'S SURNAME:

RESIDENTIAL ADDRESS:

CODE

(IF DAINFERN ESTATE HOMEOWNER, PLEASE SUPPLY PROOF OF RESIDENCE)

POSTAL ADDRESS:

CODE

TELEPHONE HOME:

TELEPHONE WORK:

CELL NO:

EMAIL ADDRESS:

ID / PASSPORT NUMBER:

DATE OF BIRTH:

(Please ensure that your personal details are correct and legible.)

NOTE: PLEASE COMPLETE A SEPARATE APPLICATION FORM OF EACH ADDITIONAL APPLICANT, EVEN IF FROM THE SAME FAMILY.

HOW DID YOU HEAR ABOUT DAINFERN GOLF ESTATE?

☐ Social Media ☐ Print ☐ Billboard ☐ Live in the Area ☐ Referral ☐ Other

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Current Membership

	DURATION			
PREVIOUS CLUB	FROM	TO	HANDICAP ON LEAVING	REASON FOR LEAVING

PROPOSED BY: NAME:_____ **SIGNATURE:** _____

SECONDED BY: NAME:_____ **SIGNATURE:** _____

I,_____**HAVE READ AND UNDERSTOOD THE NOTES BELOW AND CONFIRM THAT ALL THE ABOVE INFORMATION IS CORRECT. I HAVE ALSO READ AND UNDERSTOOD THE CLUB RULES AND WILL ABIDE BY THEM AT ALL TIMES.**

SIGNATURE:_____**DATE:** _____

Please read the following notes carefully:

1. No applicant will be considered unless the applicant has been proposed and seconded by a current member at Dainfern Country Club.
2. The application must be accompanied by the appropriate remittance for the first year's fees. In the event of the application being rejected, the remittance will be returned in full.
3. The golf subscription fees are due at the end of MARCH annually, late payments will result in the membership being placed onto default until such time as the membership has been paid in full.

FOR OFFICE USE ONLY:

Membership Category:

Duration: y y y y m m d d T O y y y y m m d d

SA Player ID number:

Payment Method

ANNUALLY IN ADVANCE	Y	N	AMOUNT	R						.		
DEBIT ORDER	Y	N	AMOUNT	R						.		

CM	HCAP	DB	SMS	INV	EMAIL	ASS	ACC

_____

Gordon Cunliffe
Golf Chairman
Dainfern Golf Estate