

DAINFERN GOLF MEMBERSHIP APPLICATION FORM

	Mem	bers	hip	Nur	nber
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Please complete a separate application form for each individual applicant, even if applying as part of the same family. Kindly send to Yvonne Maoto: golfadministrator@dainfern.co.za.

PERSONAL DETAILS					
Title	First Name	Surname			
RESIDETIAL ADDRESS					
If Dainfern Golf Estate Homeowner, please supply proof of residence.					
POSTAL ADDRESS					
CONTACT DETAILS					
Telephone Home		Telephone Work			
Cell		E-mail			
Phone No		Address			
PERSONAL DETAILS					
ID/					
Passport No Date of Birth					
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HOW DID YOU HEAR ABOUT DAINFERN GOLF ESTATE? Social Print Billboard Live In Referral Other Media Area **CURRENT MEMBERSHIP Previous Duration at** Handicap **Reason For** Club **Previous Club** On Leaving Leaving **PROPOSED BY** Name **Signature SECONDED BY Signature** Name have read and understood the notes below and confirm that all the above information is correct. I have read and understood the Club Rules and will abide by the 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** SA Player ID No **PAYMENT METHOD Annual in Advance Amount** Υ $N \square$ **Debit Order Amount** $Y \square$ ΝП **EMAIL HCAP** DB **SMS** INV **ASS** CM ACC