

APPLICATION FOR MEMBERSHIP



I, _____

hereby apply for membership at King David Mowbray Golf Club as a (please tick the box)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> 5 Day Member | <input type="checkbox"/> Spouse of Full Member | |
| <input type="checkbox"/> Young Executive Member | <input type="checkbox"/> Junior or Student Member | <input type="checkbox"/> Prentice or Scholar Member | |
| <input type="checkbox"/> Swallow Member | <input type="checkbox"/> Non Playing Member | <input type="checkbox"/> Disabled Member | <input type="checkbox"/> Social Member |

I further select the following round package. (NOTE: Round packages are applicable to a financial year and expire on 30 June each year)

- Pay as you play: • Prepaid Rounds: 10 20 30 45 60 Unlimited

- How did you hear about us? Advertising flyers and/or Newspaper advert Existing member of KDMGC
 Word of mouth Visiting KDMGC Other _____

DATE OF APPLICATION _____

FULL NAMES _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER (H) _____ (W) _____ (C) _____

DATE OF BIRTH _____

ID/PASSPORT NUMBER (please attach copy of ID) _____

COUNTRY OF RESIDENCY _____

BANK DETAILS (If paying via debit order)

Bank _____

Branch _____

Code _____

Account type _____

Account Number _____

PREVIOUS CLUBS (Sporting or otherwise – which you have been a member of over 10 years.)

Name of Club _____ Period of Membership _____

Name of Club _____ Period of Membership _____

SAGA CARD NUMBER _____

CURRENT HANDICAP _____ **LOWEST HANDICAP** _____ **YEAR** _____

Have you been requested to resign, been banned or been refused membership of any other club? **Yes** **No**

Have you ever been charged and found guilty of any crime? **Yes** **No**

Do you have any relatives and/or close friends who are currently members of King David Mowbray Golf Club: **Yes** **No**

If Yes, please print their full names: _____

TERMS AND CONDITIONS:

1. Membership is granted for an initial 3 month period. During this period either party may terminate membership for whatever reason. A prorata refund of any prepaid fees will be made should such a situation arise.
2. It is expected of the applicant to meet with at least 2 members of the relevant Golf Committees either prior to application of membership or during the initial 3 month period.
3. The applicant must abide by the Club Constitution which is available on the website. This includes all laws and bye-laws of the club and decisions taken by the Board, Men's and Ladies' Golfing Committees.
4. The applicant undertakes to uphold the values, traditions and the etiquette of golf as has been created by the Royal and Ancient Golf Club. This has been accepted and practiced by golf clubs worldwide, including King David Mowbray Golf Club!
5. Membership is granted on an annual basis and ends at the end of the clubs financial year (currently 30th June). Membership is automatically renewed on first payment of any fee due in the current financial year. Members resigning during a financial year are liable for the full annual fee for that year. Likewise members renewing their membership during a financial year are liable for the full annual fee for that year.

I hereby declare that i have read, understood, and will abide by the terms and conditions of this membership application.
I further declare that the information provided by myself on this application form is correct.

Name _____

Signature _____ Date _____

Membership has been granted subject to the above terms and conditions.

Signed on behalf of King David Mowbray Golf Club:

Name _____

Signature _____ Date _____

Address 1 Raapenberg Road, Mowbray, 7700 • PO Box 38003, Howard Place, 7450

Tel +27 (0)21 685 3018 **Fax** +27 (0)21 686 0003 **Email** info@kingdavidmowbraygc.co.za **Website** www.kingdavidmowbraygolfclub.co.za

Banking Details Nedbank, Cape Town, Branch Code: 100 909, Account number: 100 953 67 61