

RONDEBOSCH GOLF CLUB

CAPE TOWN'S CLUB OF CHOICE

| | | |
|-------|------------------------------------|------------------------------|
| PHOTO | MEMBERSHIP APPLICATION FORM | Club # _____ SAGA # _____ |
|-------|------------------------------------|------------------------------|

Required Information

| | |
|---------------------|--|
| Category | |
| Name | |
| Surname | |
| Date of Birth | |
| Identity Number | |
| Gender | |
| Nationality | |
| Residential Address | |
| Postal Address | |
| Home Number | |
| Mobile Number | |
| Email Address | |
| Doctor's Number | |
| Employer | |
| Profession | |
| Previous Club | |
| Handicap | |

Candidate's Signature and Date:

Club Manager's Signature and Date:

Office Use Only

CHECKLIST

| | | | | |
|--------------------------------|----------------|--|-------------------|--|
| Letter of Goodstanding | Previous Club: | | Date Received: | |
| Handicap Transferred | Requested: | | Date Transferred: | |
| Handicap Card | Ordered: | | Received: | |
| Payment Received | Amount: | | Receipt: | |
| On Debit Order | | | | |
| Debit Order Form Signed | YES / NO | | | |
| Valid Student Card | YES / NO | | | |

ADMIN SIGNATURE AND DATE:

FINANCIAL MANAGER SIGNATURE AND DATE: