



Durban Golf Club

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APPLICATION FOR MEMBERSHIP

An applicant who wishes to become a member should take note of the following:

a) The Proposer and Secunder to this application must be a member of this club for at least two years and of good standing.

b) If a junior class membership is being applied for, then the parent/guardian must complete the following information:

I, _____ the parent/guardian of _____
do hereby permit him/her to join the Durban Golf Club unconditionally, and, if accepted, hereby agree to oversee his/her behaviour and conduct to ensure that he/she abides by the constitution and the rules and regulations of the club.

Signature: _____

c) Bonafide full time students to provide proof of registration at an educational institution.

d) This application must be fully completed and sent to the secretary together with the necessary fees.

I, the undersigned, hereby apply for the membership of Durban Golf Club and, if accepted, agree to abide to its constitution and the rules and regulations that are in force from time to time.

SURNAME: _____ INITIALS: _____

MALE	FEMALE	
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FIRST NAMES: _____ KNOWN AS: _____

DATE OF BIRTH: _____ I.D. NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

_____ CODE: _____

TELEPHONE: (H) _____ (W) _____ CELL: _____

ANY PREVIOUS GOLF EXPERIENCE? _____ CURRENT HANDICAP: _____

WERE YOU A MEMBER OF DGC PREVIOUSLY? _____ IF YES, WHEN? _____

ARE YOU A MEMBER OF ANOTHER GOLF CLUB AFFILLIATED TO KZNGU? _____

IF YES, WHICH CLUB AND LAST DATE OF REGISTRATION? _____

ARE YOU A MEMBER OF ANY OTHER CLUB? _____

IFYES,KINDLYNAMESAME: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

FULL NAME OF PROPOSER: _____

DATE: _____ SIGNATURE OF PROPOSER: _____

FULL NAME OF SECONDER: _____

DATE: _____ SIGNATURE OF SECONDER: _____

	ENTRANCE	R _____
	SUBSCRIPTION	R _____
ENCLOSED IS MY CHEQUE FOR: R _____	HANDICAP CARD	R _____
	KZNGU	R _____
	TOTAL	R _____