



Modderfontein Golf Club

Telephone: 011 608 2033/4
PO BOX 3, Modderfontein, 1645

Fax number: 011 608 3819
Website: www.mgclub.co.za

APPLICATION FOR CORPORATE MEMBERSHIP

Registered Company Name			
Trading As			
Company Registration No#			
Address			
		Code:	
Postal Address			
		Code:	
VAT no#			
Business Telephone:		Fax No#	
Contact Person for payment:			
Email Address			
Member Name 1			
ID Number			
Cell Number			
E-mail address			
SA Player ID if handicapped			
Next of Kin (Name)		Relationship	
Contact no		Email Address	
Member Name 2			
ID Number			
Cell Number			
E-mail address			
SA Player ID if handicapped			
Next of kin (Name)		Relationship	

Contact Number		Email Address	
Member Name 3			
ID Number			
Cell Number			
E-mail address			
SA Player ID if handicapped			
Next of Kin (Name)		Relationship	
Contact Number		Email Address	
Member Name 4			
ID Number			
Cell Number			
E-mail address			
SA Player ID if handicapped			
Next of Kin (Name)		Relationship	
Contact Number		Email Address	
Member Name 5			
ID Number			
Cell Number			
E-mail address			
SA Player ID if handicapped			
Next of Kin (Name)		Relationship	
Contact Number			
Where did you hear about Modderfontein Golf Club			
Member/Website/Facebook/Other please specify:			

All Members ID, Passport, Birth Certificate to be attached to Application Form

Moddertontein Golf Club shall under no circumstances be responsible for any loss of or damage to any persons or property while on the premises, irrespective of whether such loss was occasioned by natural disasters, the negligence of Modderfontein Golf Club, its employees, Agents or representatives.

I apply to be accepted as a member of Modderfontein Golf Club and submit all the particulars required on this application. If admitted, I undertake to be bound by the Constitution of the Club that are now, or in the future may become, in force.

HANDICAP CARD WILL ONLY BE GIVEN TO YOU ONCE YOU HAVE ATTENDED A NEW MEMBERS MEETING! YOUR MEMBERSHIP WILL BE ON GOING UNTIL THE GOLF CLUB RECEIVED A LETTER OF RESIGNATION

SIGNATURE OF APPLICANT

DATE

CATEGORY	Full Corporate	Week-day Corporate	
Membership Fee	FC -	WC	
Affiliation Fees		R	
Card Fee		R	
Locker (Optional) – R 150.00 p.a.		R	
Brick Fund: R250.00		Yes / No	R
UP Front Payment		R	
Total Amount		R	

Signature of PROPOSER

Name & Surname of Proposer

	SYSTEM LOADED	Date Paid
Membership No: 1		
Membership No: 2		
Membership No: 3		
Membership No: 4		
Membership No: 5		

