



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 MEMBERSHIP

Surname			
First Names			
ID Number			
Occupation			
Name of Company/School/University/College/Other			
Postal Address			
Code:			
Residential Address			
Code:			
Home Tel No	Business Tel No		
Cell No	Other Tel No		
Email Address			
Name of Club(s) to which you belong			
SA Player ID if handicapped			
Have you ever been refused membership or been defaulted at any golf Club?			
Next of Kin (Name)	Relationship		
Contact no	Email Address		
Where did you hear about Modderfontein Golf Club			
Member/Website/Facebook/Other:			

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

Moddertontein Golf Club shall under no circumstance 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	
Annual Subscription (Membership Fee)	R
Affiliation Fees	R
Card Fee	R
Locker (Optional) – R 150.00 p.a.	R
Brick Fund: R250.00	Yes / No R
Monthly Debit Order admin Fee	10% of Membership Fees: R
Monthly Debit Order amount if applicable	R
Total Amount	R

Please note that debit orders will continue running until written notice received

** Administration Debit order fee charged on a monthly basis: Example

Annual Subscription:	R 6 000.00
Debit Order Admin fee for the year	R 600.00
Therefore monthly debit amount over 12 months	R 550.00 x 12 = R 6 600.00

Signature of PROPOSER

Name & Surname of Proposer

Membership No	Receipt No	Date Paid
	Bank Statement	

