Application for Extended Affiliated Membership

(To be completed in block lettering)

Full Name: _____

Residential Address: _____

Address: _____

Telephone No. (H): _____ **(B)** _____ **(Cell)** _____

PAYABLE ON APPLICATION: EXCLUDES VAT

Membership	Affiliation Fee		Handicap Card		ID Number
R800		R170		R296	

Name of the Previous Golf Club of which you were a Member:

_____

Has your membership ever been refused or terminated by any Club? _____

If Yes, state reason: _____

If Golfer, state lowest handicap: _____ **Present handicap:** _____

Agreement

I hereby subscribe to and agree fully to abide by the rules and regulations in terms of the Sandy Lane Golf Club. Membership is automatically forfeited when property is sold and transfer is completed. Outside membership can be applied for should you wish to continue as a full Sandy Lane member.

Date: _____ **Applicants Signature:** _____

If Junior: Date of Birth: _____ **Name of School:** _____

If Student: Name of Institution: _____ **Student No:** _____

***Note**: If the applicant is a Student or Junior, the signature of a parent or legal guardian will take the place of proposer and seconder. The parent or guardian must be a member of the club.*

Date: _____ **Parent / Guardian's Signature:** _____

FOR OFFICE USE ONLY

Membership No. _____ Approved by Chairman or Club Captain: _____ Date: _____

Declaration by applicant

I (Full Name) _____

do hereby declare that:

A. I was a member of (name of golf club) _____ and that my membership terminated on (date) _____ and that my handicap on this date was _____ and attach a letter from the golf club in question, in which the above information is confirmed

OR

B. I have never been a member of a golf club and do not have an official handicap.

Signed at _____ on this _____ day of _____.

At Witnesses:

1. _____

2. _____

_____
Signature of Applicant