

# CARIBBEAN BEACH CLUB GOLF COMMITTEE

www.caribbeanbeach.co.za

Tel: 012 244 3000 Fax: 012 244 3001 P.O. Box 109, Kosmos, 0261

Application form, letter of good standing from previous club together with the fees must be submitted to the golf office. Unapproved memberships will be granted for 30 days, golf game to be arranged with one or two committee members within this period.

## Application for Junior Outside Membership

(To be completed in block lettering)

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H): \_\_\_\_\_ (B) \_\_\_\_\_ (Cell) \_\_\_\_\_

ENTRANCE PAYABLE ON APPLICATION: EXCLUDING VAT

| Golf Fee |                   | Affiliation Fee |      | Handicap Card |      | ID Number |
|----------|-------------------|-----------------|------|---------------|------|-----------|
|          | R800<br>excl. Vat |                 | R170 |               | R126 |           |

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. Should I resign my membership of club, I accept that membership fees paid to the end of the year are not refundable. In addition I undertake to advise management, in writing, of such resignation.

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

Golf Fees Receipt No. \_\_\_\_\_ Affiliation Receipt No. \_\_\_\_\_ Handicap Card Receipt No. \_\_\_\_\_

Membership No. \_\_\_\_\_ Approved by Chairman or Club Captain: \_\_\_\_\_ Date: \_\_\_\_\_

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**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