

CARIBBEAN BEACH CLUB GOLF COMMITTEE

www.caribbeanbeach.co.za

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

Application for 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
Principal	R199	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. 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: _____

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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