



P. O. BOX 25098, MONUMENT PARK, 0105 | TEL (012) 007 - 1147 | members@waterkloofgolf.co.za

APPLICANT DETAILS

TITLE					
FULL NAME					
SURNAME					
NAME BY WHICH KNOWN					
ID NUMBER					
BIRTH DATE					
E - MAIL					
POSTAL ADDRESS					
			CODE		
RESIDENTIAL ADDRESS					
			CODE		
TELEPHONE NUMBER					
CELLPHONE NUMBER					
GENDER	MALE		FEMALE		
PREFERRED LANGUAGE	ENGLISH		AFRIKAANS		

EMPLOYER DETAILS

COMPANY NAME	
OCCUPATION	

NEXT OF KIN DETAILS

NAME AND SURNAME					
RELATIONSHIP					
RESIDENTIAL ADDRESS					
			CODE		
TELEPHONE NUMBER					
CELLPHONE NUMBER					

PROPOSER & SECONDEE

A-MEMBER WHO PROPOSE	
SECONDEE (A-MEMBER)	



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PREVIOUS CLUB DETAILS (NOT NEEDED FOR SOCIAL AND DRIVING RANGE MEMBERSHIP)

NAME OF PREVIOUS CLUB	
SA PLAYER ID NUMBER	

MEMBERSHIP CATEGORY - PLEASE TICK

MEMBERSHIP TYPE	AGE CATEGORY					
FULL MALE	19 - 34		35 - 59		60+	
FULL LADY	19 - 34		35 - 59		60+	
SIX - DAY	19 - 34		35 - 59		60+	
WEEK - DAY	19 - 34		35 - 59		60+	
FULL STUDENT	19 - 24		PROOF OF REGISTRATION REQUIRED			
SCHOLAR	<18					
DRIVING RANGE MEMBERSHIP						
SOCIAL MEMBER						

PLEASE NOTE THAT WE NEED A COPY OF YOUR ID TO PROCESS A MEMBERSHIP APPLICATION

BANKING DETAILS

ACCOUNT HOLDER	WATERKLOOF GOLF CLUB
ACCOUNT TYPE	FNB BUSINESS CHEQUE
ACCOUNT NUMBER	623 962 018 41
BRANCH CODE	230 732
REFERENCE	NAME & SURNAME

PLEASE NOTE MEMBERSHIP APPLICATIONS MUST BE APPROVED BEFORE ANY PAYMENTS CAN BE ACCEPTED

PLEASE READ THROUGH

In accordance with Section 8 of the Constitution, all applications are subject to approval by the Management of Waterkloof Golf Club.

If elected to Membership, I hereby agree to fully abide by the constitution of Waterkloof Golf Club. I agree to pay the undermentioned fee upon submitting this application and accept that this is not refundable if this application is accepted. In addition I accept that the annual subscription fee is due and payable by 31 December of every year.

Resignations must be submit in writing, prior to that date failing which I will be liable for the following years subscription.

SIGNED:	
DATE:	