



Wingate Park Country Club

Membership No:
Computer No:

APPLICATION FORM FOR MEMBERSHIP AT WINGATE PARK COUNTRY CLUB

TENNIS SECTION

Tel 012 997 1312
Fax 012 997 1104

CLASS OF MEMBERSHIP APPLIED FOR: (PLEASE TICK)

FOUNDATION	<input type="checkbox"/>	FULL MEMBER	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>
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THE FOLLOWING PARTICULARS RELATE TO ME:

FULL NAME: _____

ID NO: _____

RESIDENTIAL ADDRESS: _____

RESIDENTIAL TEL NO: _____ CELLNO: _____

POSTAL ADDRESS: _____

BUSINESS TEL NO: _____ BUSINESS FAX NO: _____

E-MAIL ADDRESS: _____

APPLICANTS OCCUPATION & BUSINESS ADDRESS: _____

NAME OF OTHER CLUBS OF WHICH YOU ARE/HAVE BEEN A MEMBER: _____

HAS YOUR MEMBERSHIP EVER BEEN TERMINATED BY ANY OTHER CLUB? _____

IF YES, STATE REASON: _____

Please attach the following to this application:

- * Clearance from previous club,

If elected to membership, I hereby fully abide by the constitution of Wingate Park Country Club.

I accept that the annual subscription fee is due and payable on the 1st of July each year.

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

Date: _____ SIGNATURE: _____

PROPOSED BY (Please print) _____

SECONDED BY (Please print) _____

(Signature) _____

(Signature) _____

PERIOD APPLICANT HAS BEEN KNOWN AND WHETHER SOCIALLY OR BUSINESS: _____

FOR OFFICE USE ONLY:	
Applicant has been interviewed by me. _____	Signature of Chairman _____
Class of Membership recommended _____	
Signature of Committee Member: _____	