



Wingate Park Country Club

Membership No: _____

Computer No: _____

APPLICATION FORM FOR MEMBERSHIP AT WINGATE PARK COUNTRY CLUB

GOLF SECTION

Tel 012 997 1312 **or**

Tel 012 997 6899

Fax 012 997 6899

CLASS OF MEMBERSHIP APPLIED FOR: (PLEASE TICK)

FOUNDATION	<input type="checkbox"/>	FULL MEMBER	<input type="checkbox"/>	COUNTRY	<input type="checkbox"/>
5-DAY	<input type="checkbox"/>	UNDER 25	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>

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: _____

HANDICAP: _____

IF A BEGINNER, FURNISH YOUR LAST 5 SCORES: _____

Please attach the following to this application:

* Clearance from previous club,

* Print out of last 20 scores.

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 (Golf) _____

Signature of Committee Member: _____