



# SOMERSET WEST

*Golf Club*

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SOMERSET WEST  
7129

## MEMBERSHIP APPLICATION

APPLICATION FOR MEMBERSHIP

DATE:

MEMBERSHIP TYPE: \_\_\_\_\_

PLEASE COMPLETE THE APPLICATION IN BLOCK LETTERS:

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SA ID / D.O.B.: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TEL (H): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TEL (W): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ CELL: \_\_\_\_\_

TO BE COMPLETED BY PROPOSER AND SECONDER:

PROPOSER \_\_\_\_\_

SECONDER \_\_\_\_\_

We, being full Members of the Club and in good standing for 1 year, nominate:

\_\_\_\_\_

To the best of our knowledge, the particulars given are correct and we consider that the applicant is personally and socially acceptable as a Member of the Somerset West Golf Club.

Signature of Proposer \_\_\_\_\_

Signature of Seconder \_\_\_\_\_

FOR OFFICE USE ONLY:

Receipt no.: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Membership no.: \_\_\_\_\_