



SOCIAL MEMBERSHIP APPLICATION FORM

I, the undersigned hereby nominate for membership:

DETAILS OF APPLICANT

Membership Option:

Title:
Nickname:
Surname:

Identity No:
First Names:
Gender:

Postal Address:

Residential Address:

Postal Code:

Postal Code:

Tel (H):
Tel (W):
Cell No:
Fax No:
Email:

I hereby apply for membership of the DE ZALZE GOLF CLUB and agree that upon my acceptance as a member of the Club, I shall be bound by the terms and conditions of the Constitution and Bye-Laws of the Club. I hereby acknowledge that the Club is in no way responsible for any injury, loss or damage sustained by me or my family when using or arising out of the Club's facilities, and indemnify the Club in respect of any such claims.

Should I resign my membership, I accept that membership fees paid to the end of the year are not refundable.

In addition, I undertake to advise management IN WRITING of such resignation.

DATE

SIGNATURE

DECLARATION BY HOME OWNER

I, Mr. Mrs. Miss Ms Dr. Prof. _____, as the registered home owner, company or trust representative of Erf _____ at the De Zalze Winelands Golf Estate, declare that this candidate satisfies the conditions for membership as contained in the constitution of the De Zalze Golf Club.

DATE

SIGNATURE