



SOMERSET WEST

Golf Club

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APPLICATION FORM TO APPLY FOR MEMBERSHIP TO SOMERSET WEST GOLF CLUB

(Please complete in BLOCK LETTERS)

TYPE OF APPLICATION V FULL MEMBER 6 DAY STUDENT COUPLE

SURNAME

FIRST NAME

IDENTITY NUMBER/PASSPORT No

DATE OF BIRTH DAY MONTH YEAR

NATIONALITY

POSTAL ADDRESS

e-MAIL ADDRESS

OCCUPATION:

TELEPHONE (H) Code Number

TELEPHONE (W) Code Number

CELLULAR TELEPHONE No

SIGNATURE OF APPLICANT: _____

To be completed by the Proposer and the Seconder:

PROPOSER: _____ SECONDER: _____

We, being full members of Somerset West Golf Club and in good standing for 3 years, 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:

New Members meeting attended: _____

Committee member: Membership Number:

Handicap Number:

RECEIPT NO: