



CLASS OF MEMBERSHIP APPLIED FOR:

<input type="checkbox"/> FULL ORDINARY MEMBER	<input type="checkbox"/> STUDENT
<input type="checkbox"/> WEEK DAY MEMBER	<input type="checkbox"/> JUNIOR U/18
<input type="checkbox"/> LADIES	<input type="checkbox"/> FOSSILS ORDINARY
<input type="checkbox"/> HANDICAP MEMBER	<input type="checkbox"/> FOSSILS SPECIAL
<input type="checkbox"/> MEMBER 30 – 35 YEARS	<input type="checkbox"/> FULL PENSIONER
<input type="checkbox"/> MEMBER 24-29 YEARS	<input type="checkbox"/> SPECIAL 30 GAMES
<input type="checkbox"/> MEMBER 21-23 YEARS	<input type="checkbox"/> ADD SEASON TICKET (EXTRA R6000)
<input type="checkbox"/> MEMBER 19-20 YEARS	<input type="checkbox"/> OTHER

(Put "X" against class of membership being applied for)

DATE	
Miss/Mr/Mrs	
NAME AND SURNAME	
AMOUNT PAYABLE ON JOINING	

For office use:

Member Number		<input type="checkbox"/> Card ordered
<input type="checkbox"/> Handicap Requested		<input type="checkbox"/> Card arrived
<input type="checkbox"/> Member number sms'd		<input type="checkbox"/> Name of Proposer
<input type="checkbox"/> Invoiced		<input type="checkbox"/> Birthday added to cmrgolfclub
<input type="checkbox"/> Paid		<input type="checkbox"/> Cellphone # added to cmrgolfclub

Dear Players,

I apply to be admitted to Membership of C.M.R. Golf Club in accordance with the Constitution Laws, which are now, or hereafter may be in force, and if elected, I undertake to pay all Fees and Subscriptions on due date. Please **TAKE NOTE** that our memberships AUTO RENEW each year (memberships run from January – December). This means we require a written resignation, in order to cancel your card, affiliation and subs for the New Year by December.

NAME IN FULL: _____
NICK NAME: _____
DATE OF BIRTH: _____
ID NUMBER: _____
RESIDENTIAL ADDRESS: _____

E-MAIL: _____
TELEPHONE NO: _____ (H) TELEPHONE NO: _____ (W)
CELL PHONE: _____
OCCUPATION: _____ LANGUAGE: _____
MARITAL STATUS _____ NATIONALITY: _____

Please answer below questions:

- 1) I belong to the following Clubs (South African or Other):

- 2) I would like transfer my handicap to CMR: YES _____ NO _____
- 3) I have belonged to the following Clubs (South African or other):

- 4) I have not yet been a Member of the C.M.R. Golf Club before: (if you have been a Member previously give reasons why and when your membership ceased.)

- 5) My last handicap was _____ (state if beginner)
- 6) The signed application for Membership shall be a distinct acknowledgement on the part of any person that he or she is bound by the Constitution of the Club, and all Bye-Laws that have been, or may hereafter be made, and that he or she accepts the ruling of the Management Committee in all cases, and no person shall be absolved from the effect of these Rules on the plea of not having received a copy of them or any of them.
- 7) I UNDERSTAND THAT CONTRAVENTION BY ME OF ANY OF TH EUNDERTAKINGS OR STATEMENTS GIVEN ABOVE SHALL CONSTITUTE A BREACH OF THESE RULES OF THE CLUB AND INVALIDATE MY MEMBERSHIP, IF ELECTED, ON THIS APPLICATION

Signature of Applicant _____

BANKING DETAILS
ABSA BANK – FLORIDA
ACC – 01000221216
CURRENT ACCOUNT
BRANCH CODE 630-341