



CMR GOLF CLUB

Application for Membership

Tel: 011-472-8060
 Cell: 084-638-5139
 cmrgolfdays@gmail.com
 300 Spencer Road,
 Maraisburg

CLASS OF MEMBERSHIP APPLIED FOR:
 (Mark with "X")

<input type="checkbox"/>	FULL ORDINARY MEMBER	<input type="checkbox"/>	LADIES	<input type="checkbox"/>	SPECIAL 30 GAMES
<input type="checkbox"/>	FULL PENSIONER	<input type="checkbox"/>	JUNIOR U/18	<input type="checkbox"/>	HANDICAP MEMBER
<input type="checkbox"/>	FOSSILS	<input type="checkbox"/>	MEMBER U/25 YEARS	<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	FOSSILS SPECIAL	<input type="checkbox"/>	MEMBER U/ 35 YEARS	<input type="checkbox"/>	WEEKDAY MEMBER
AMOUNT PAYABLE ON JOINING				<input type="checkbox"/>	ADD SEASON TICKET (R6000)
REFERRAL FROM CMR					

PERSONAL DETAILS

Date			Title (Mr, Ms, Dr, etc)		
Full Name					
Preferred Name					
ID Number / D.O.B			Occupation		
Email					
Contact Number	(C)	(H)	(W)		
Residential Address					
Handicap		Transfer to CMR	YES	NO	
Clubs I belong to					

- 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.
- 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.
- I UNDERSTAND THAT CONTRAVENTION BY ME OF ANY OF THE UNDERTAKINGS 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 _____

For office use:

Member Number				BANKING DETAILS ABSA BANK – FLORIDA ACC – 01000221216 CURRENT ACCOUNT BRANCH CODE 630-341
SAGA Number				
Member number sms'd		Card ordered		
Invoiced		Card arrived		
Handicap Requested		Paid		