TEL: 016 349 1061 FAX: 086 697 9369 EMAIL: hgolfc@absamail.co.za APPLICATION FOR MEMBERSHIP			HEIDELBERG GOLF CLUB PO BOX 1273 HEIDELBERG 1438 1 STATION ROAD HEIDELBERG				
			DATE:]			
TITLE	(MR, MRS, MS, DR, ETC)			FULL NA	ME AND SURNAME	1	
OCCUPA							
RESIDEN	TIAL ADDRESS						
RESIDEN							
POSTAL	ADDRESS						
TEL NO:	TEL NO: HOME			OFFICE CELL			
EMAIL:							
ID NO:	10:			F BIRTH			
DETAILS	OF PREVIOUS GOLF MEMBERSHIP(IF APPLICAB	LE):			7	
CLUB			TEL NO:				
SA PLAYER ID			HANDIC	CAP			
PAYMEN	T DETAILS:	CHEQUE	* CASH*	DEBIT OF	RDER** *mark with >	AMOUNT R	
	FULL MEMBER*				**NB: DEBIT N	NOTE: FEE PLUS 5% ADMIN FEE	
	LADIES FULL MEMBER*						
	LADIES(IF HUSBAND A MEMBER)*						
	JUNIOR*						
	STUDENT*				COPY OF STUE	DENT CARD REQUIRED	
	PENSIONER*(AGE 60 PLUS)						
	PENSIONER*COUNTRY						
	COUNTRY*						
	SOCIAL*			-			
	CORPORATE MEMBERSHIP						
					CLUB: SIGNED AT		
ON THIS	S DAY OF		20_				
CICNAT							
	URE OF APPLICANT: URES OF COMMITTEE MEMBE					DATE:	
		3				DATE.	
	2	4					
FOR OFFIC							
	RECEIPT NO. DATE				MEMBERSH	MEMBERSHIP NO.	
	DETAILS HCAP SYSTEM	DATE			ACCOUNT I	NO.	
	DETAILS SMS SYSTEM	DATE					
	DETAILS PCD SYSTEM	DATE					
	DETAILS EMAIL ADDRESS	DATE					
					Bank details:		
					Golf club		
					ABSA Bank, He	eidelberg	
					Account numb	per: 1003700751	
					Branch code: 6	632005	