

Telephone/Fax: (041) 581-6188
E-Mail: golf@sharkriver.co.za
Inquiries: Justin Smith



P.O. Box 13974
Humewood
Port Elizabeth
6013

Application For Membership

We, the undersigned, proposer and seconder, acknowledge that the applicant is known to us personally, and we believe that he/she is a suitable person to become a member of the club.

Full Names:

I.D. Numbers:

Home Address:

Code:

Postal Address:

Code:

E-Mail:

Telephone: Cell: Fax:

Male: Female: Junior: Do you have an official handicap: Yes No

State Last Handicap: and Club

Details of any other sporting Club of which you were or are a member:

Profession:

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Proposed by:

(Print Name)

Tel:

(Sign)

Seconded by:

(Print Name)

Tel:

(Sign)

I, the undersigned, acknowledge that I understand the attached conditions of membership and that I will, to the best of my ability abide by them.

Applicant:

(Signature of Applicant)

Date:

Membership

Accepted:

Not Accepted:

Secretary:

Date:

Club Captain:

Date: