

GROBLERSDAL GOLF CLUB

PO Box 151, Groblersdal, 0470

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MEMBERSHIP APPLICATION

MEN JUNIOR SENIOR

LADIES STUDENT COUNTRY

Surname

First Name

Initials

Identity Number

Postal Address

Residential Address

Telephone Number

Cell Number

E-mail Address

Previous club

Signed on this _____ day of _____ 20____

Applicant/Parent/Guardian

By signing this application form, I agree to abide by the rules, regulations and constitution of the Groblersdal Golf Club and hereby acknowledge that I will be liable for the payment of annual membership fees until such time as I cancel my membership in writing, giving one (1) month's Notice.

* Junior Members (Scholars)

* Student Members (Full time only)

*Country Members (Resident further than 80km from Groblersdal. No vote at AGM)