

Telephone/Fax:
(041)5816188
E Mail
golf@sharkriver.co.za
Inquiries:
Mr. I.B. Henderson



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 Number: _____

Home address: _____

_____ Code: _____

Tel:() _____ Cell: _____ Fax: _____

Postal address _____

_____ Code: _____

Tel work:() _____ E

Mail: _____

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: _____

Proposed by: _____ Tel()

(Print, name and sign)

Seconded by: _____ Tel() _____
(Print, name and 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.

Date: _____ Signature of applicant: _____

MEMBERSHIP ACCEPTED/ NOT ACCEPTED

Secretary: _____ Date: _____

Club Captain: _____ Date: _____