



PLETTENBERG BAY COUNTRY CLUB

Tel : (044) 533-2132
Fax : (044) 533-0035

P.O. Box 92
Plettenberg Bay
6600 South Africa

MEMBERSHIP APPLICATION FORM

We, the undersigned, hereby nominate for MEMBERSHIP :

TYPE OF MEMBERSHIP			
	FULL	COUNTRY	JUNIOR
GOLF		N/A	
BOWLS		N/A	
TENNIS		N/A	
SOCIAL		N/A	

Surname : _____
(Who is personally known to us)

First Names : _____

and known as : _____ Marital Status : _____

Whose profession is : _____ DOB / ID Number : _____

Permanent Address : _____

Plett Address (If not same) : _____

Postal Address (For correspondence) : _____

Tel No : Home : _____ Work : _____

Cell : _____ Other : _____

Email: _____

Home Golf Club or other club membership : _____ Mem No. _____

If you have more than one membership, where do you want to be handicapped : _____

I hereby apply for membership of the Plettenberg Bay Country Club, and if elected, I agree to abide by the rules of the Club as set out in the Constitution and as amended from time to time.

Signature of Applicant : _____ **Date :** _____

This application must be proposed & seconded by FULL MEMBERS of no less than 2 years' standing

PROPOSED BY : _____ SECONDED BY : _____

SIGNATURE : _____ SIGNATURE : _____

Two Full members of the Club to whom the applicant is known and who are not the Proposer or Seconder

1. _____ 2. _____

On final approval of membership, the requisite fees become payable, whereafter you will enjoy the rights afforded to the type of membership applied for.

Approved by Membership Committee : _____

Date approved : _____

Approved by Main Committee : _____

Date approved : _____

FEES PAYABLE UPON JOINING	
Entrance Fee	
Subscriptions	
Affiliation Fee	
Handicapping	
TOTAL	