



Date

Membership No

Member Code

SILVER LAKES COUNTRY CLUB MEMBERSHIP APPLICATION

DATE OF APPLICATION:

Name and Surname:		
Date of birth:	ID No:	
Address where Member Resides:		
Cell:	Work Phone:	Home Phone:
Silver Lakes Resident: Yes / No <i>(Please circle)</i>	Stand / Erf Number:	Email:

MEMBERSHIP YOU ARE APPLYING FOR:	MEMBERSHIP CODE:	TOTAL AMOUNT:
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BANKING DETAILS

If you are a student, please submit copy of student card: Student card received by admin: Yes / No *(Please circle)*

Will you be paying by debit order: Yes / No	Copy of Debit order form handed in:	Yes / No <i>(Please circle)</i>
Affiliation Paid? Yes / No <i>(Please circle)</i>		Joining Fee Paid? Yes / No <i>(Please circle)</i>

GOLF CART DETAILS

Do you own a golf cart:		
If so, cart registration number:		Colour of Cart:
Has Annual Cart Reg. been Paid?	Registration for carts valid from 1 Jan – 31 Dec	

SPOUSE / PARTNER INFORMATION IF JOINT MEMBERSHIP, FAMILY

Name and Surname:		
Date of birth:	ID No:	Phone:
Phone:	E-mail:	

INFORMATION OF PREVIOUS CLUB

Name of previous club	Address	Phone
Have you resigned from old club:		

MAILING LIST

Has member name been added to mailing list?	Has member handicap card been ordered?
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Please note: Should you wish to terminate your golf membership, a letter of resignation has to be received by the Club, one month before your intention to do so, otherwise you will be liable for payments for the full financial year.
I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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Signature of spouse <i>(only if you have a joint membership)</i>	Date:
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For office use:		
CAPTURED BY:	DATE:	SIGNED