

Membership Application

Kindly complete and return to membership@elgc.co.za along with your proof of payment. Please print clearly.



| PERSONAL DETAILS | | | | | | | | | | |
|--|--------------------------|---------------------------|----------|-------|-----------|--------------------------|----------|--------|--------------------|--------------------------|
| SURNAME: | | | | | | | | TITLE: | | |
| FIRST NAMES: | | | | | | | | SEX: | | |
| DOB: | DD | MM | YY | ID #: | | | | | | |
| OCCUPATION: | | | | | EMPLOYER: | | | | | |
| ETHNICITY (for B-BBEE purposes): | AFRICAN | | COLOURED | | INDIAN | | WHITE | | OTHER (specify) | |
| PREVIOUS CLUB (IF ANY): | | | | | | | | H/CAP: | | |
| CONTACT DETAILS | | | | | | | | | | |
| RESIDENTIAL: | | | | | | | | CODE: | | |
| POSTAL: | | | | | | | | CODE: | | |
| TEL (H): | | | | | CELL: | | | | | |
| EMAIL: | | | | | | | | | | |
| NEXT OF KIN CONTACT DETAILS (in case of emergency) | | | | | | | | | | |
| NAME & SURNAME: | | | | | | | | | | |
| RELATIONSHIP: | | | | | | | | | | |
| TEL (H): | | | | | CELL: | | | | | |
| MEMBERSHIP TYPE (Please indicate with an "X") | | | | | | | | | | |
| FULL MALE | <input type="checkbox"/> | CLERGY/SERVICEMAN/TEACHER | | | | <input type="checkbox"/> | BEGINNER | | | <input type="checkbox"/> |
| FULL LADY | <input type="checkbox"/> | INTRODUCTORY | | | | <input type="checkbox"/> | COUNTRY | | | <input type="checkbox"/> |
| OFF-PEAK | <input type="checkbox"/> | 19/30 YEARS | | | | <input type="checkbox"/> | SOCIAL | | | <input type="checkbox"/> |
| OVER-65 | <input type="checkbox"/> | STUDENT | | | | <input type="checkbox"/> | SCHOLAR | | | <input type="checkbox"/> |
| 31-35 YEARS | <input type="checkbox"/> | | | | | | | | | |

GREEN FEE PACKAGES

Contact Angela on 043 735 1357 (option 4) to find out about the benefits of our green fee packages.

| PROPOSER | | SECONDER | |
|------------|--|------------|--|
| NAME: | | NAME: | |
| SIGNATURE: | | SIGNATURE: | |
| TEL: | | TEL: | |

IN MAKING APPLICATION FOR MEMBERSHIP, I DECLARE THAT:

1. Have you ever been disciplined, suspended, banned by, or from any club or other golfing fraternity (e.g. Nomads/Seniors) for the infringement of the rules of golf or golf etiquette? **NO** **YES**
2. Are you in good standing at your previous club? **YES** **N/A**
3. I agree to abide by the Constitution and Bye-laws of the Club. **YES**
4. As a member, I acknowledge my affiliation with the Border Golf Union and South African Golf Association and will abide by their respective constitutions. **YES**
5. My Proposer and Secunder have been members at the East London Golf Club for at least ONE year. **YES**
6. **I agree to accept SMS and email correspondence from the Club.** **YES** **NO**

Indemnity by Members

It is a condition of membership that each member shall indemnify the Club against any claim for damages arising out of any injury, loss or damage to any person or property arising out of the negligent, wrongful or harmful act committed by the said member on the premises of the Club. The Club shall not be liable for any loss or damage suffered by a member or any other person, which loss or damage occurred on the Club premises, through any act or omission on the part of any member or third person. Responsibility shall not attach to the Club in respect of loss or damage to any goods left or stored on the Club premises. Caddies are not servants of the Club and any arrangements made for hire of their services is a matter strictly between player and caddie.

| | | | | | |
|--|--|------------|----|----|----|
| APPLICANT/PARENT/ GUARDIAN SIGNATURE: | | DATE: | DD | MM | YY |
| MANAGEMENT BOARD | | SIGNATURE: | | | |
| MANAGEMENT BOARD | | SIGNATURE | | | |

BANKING DETAILS

FIRST NATIONAL BANK / 521 305 84496 / 21-01-21 / Ref: Initials & Surname

FOR OFFICE USE ONLY

| | | | |
|--------------------------|--|------------------|--|
| ELGC MEMBER NO: | | SA PLAYER ID NO: | |
| AMOUNT PAID: | | RECEIPT NO: | |
| LOADED ONTO JONAS: | | DATE: | |
| HANDICAP TRANSFER DONE: | | DATE: | |
| HANDICAP CARD ORDERED: | | DATE: | |
| APPLICATION APPROVED BY: | | | |