

# MEMBERSHIP APPLICATION

Scahfli Rd, Chintsa, East London | 087 350 4310



Kindly return to *golf@olivewoodestate.com* once completed in full

## Personal Details

First Names					Title		
Surname					Sex	Male	Female
Date of Birth	DD	MM	YY	ID No.			
Occupation				Employer			

## Contact Details

Residential					Code		
Postal					Code		
Tel (Home)				Cell			
Tel (Work)				Fax			
Email							

## Next of Kin Details (In case of Emergency)

Name & Surname							
Relationship							
Tel (Home)				Cell			

## Membership & Handicap History

Other Clubs to Which Applicant			Current Handicap Index (If Any)		
Belongs			Lowest Golf Handicap Ever		
Has Belonged			SAGA No.		
Has Application Ever Been Rejected From Any Club(s)?				Yes	No

## Membership Type (Please Tick One Category)

Full Male		Full Lady		Student > 26	
30 - 35 Male		30 - 35 Lady		Scholar	
19 - 29 Male		19 - 29 Lady		**Country	
65 + Male		65 + Lady		**Country Member must be a full member at another club and reside over 100km away	
70 + Male		70 + Lady			

Is This an Additional Membership to Another Club?	Yes	No
If Yes, which will be your Home Club? (Handicap at)		
Membership Start Date? (1 March is Start of Year or Pro Rata)		

### \*Proposer

### \*Seconder

Full Name		
Member Number		
Signature		

\*Must be Members with One Year Goodstanding

## Application Declaration & Indemnity

In making application for membership, I declare that:

1	I agree to abide by the constitution and bye-laws of the club.	Yes	No
2	I have never been disciplined, banned or suspended by any form of club or golfing fraternity.	Yes	No
3	I will abide by the respective constitutions of the Border Golf Union, South African Golfing Association and Golf RSA of which I acknowledge my affiliation with.	Yes	No
4	My Proposer and Secunder have been members at Olivewood Golf Club for over a year.	Yes	No
5	I understand my right to membership is solely at the developers discretion and the developer reserves the right to withdraw my membership if necessary at any time and/or to not allow renewal of the membership.	Yes	No
6	I agree to the Club opening a spending account for me and that I will always maintain a zero or credit balance.	Yes	No
7	I agree to receive correspondence from the Club in the form of a SMS, Email, Facebook, Whatsapp, or any other means of communication.	Yes	No

On Signature of this application form member agrees to indemnify Olivewood against any claim for damages arising out of 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 Olivewood. Olivewood 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 Olivewood in respect of loss or damage to any goods left or stored on Olivewood's premises.

Applicant / Parent / Guardian Signature		Date	DD	MM	YY
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## Banking Details

NEDBANK, HEMINGWAYS	BRANCH NO. 187505	TYPE: CURRENT	ACCOUNT NO. 1160 760 640
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## Management Approval

Designation	Name	Sign	Date		
			DD	MM	YY
			DD	MM	YY

## For Office Use Only

Olivewood Member No.		SAGA Player ID	
Invoice No.		Invoice Date	
Invoice Amount		Receipt Date	
Acceptance Letter Sent		Handicap Transfer	
Handicap Card Ordered		Card Collected	
Clubmaster Card Ordered		Card Collected	

Comments	