



Telephone: 011 646-5400 Email: info@parkviewgolf.co.za

APPLICATION FORM

MEMBERSHIP NO.
CATEGORY:

APPLICANTS SURNAME:

FIRST NAME/ S:

MR/MRS/MST/MS/DR:

ID NO:

POSTAL ADDRESS:

CODE

PHYSICAL ADDRESS:

CODE

PHONE NO'S: (WORK) (HOME)

..... (CELL) (FAX)

E-MAIL ADDRESS:

E-MAIL ADDRESS 2:

BIRTH DATE:/...../..... OCCUPATION:

EMPLOYER:

OTHER CLUB MEMBERSHIP: HANDICAP

AT WHICH CLUB WILL YOU BE HANDICAPPED:

PROPOSER: TEL/CELL

SECONDER: TEL/CELL

LIST FOUR MEMBERS KNOWN TO APPLICANT:

.....
.....

WHAT MADE YOU DECIDE TO JOIN PVGC:

AGREEMENT

I hereby apply for membership at Parkview Golf Club and agree that upon my acceptance as a member of the Club, I shall be bound by the terms and conditions of the Constitution and By-laws of the Club. I acknowledge and agree that the Club shall in no circumstances whatsoever be liable for any loss of or damage to the property of any members or guests brought onto the premises of the Club whether occasioned by theft or otherwise, nor shall the Club be held responsible or in any way liable for personal injury or harm on the Club premises.

APPLICANT'S SIGNATURE: DATE:/...../.....

CATEGORY APPLYING FOR:

Full	
Weekday	
Intermediate	
Student	
Junior	
Social / Country	
Walking	

Application forms can be emailed to info@parkviewgolf.co.za or faxed on 0116462875

Office use only

INTERVIEW DATE:/...../..... (YES / NO) TIME:

CAPTAIN'S SIGNATURE: DATE:/...../.....