



# PARKVIEW

1916

## MEMBERSHIP APPLICATION FORM

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

MEMBERSHIP NO. ....

CATEGORY:.....

APPLICANT'S SURNAME: .....

FIRST NAME/ S:.....

MR/MRS/MST/MS/DR: ..... ID NO:.....

POSTAL ADDRESS:.....

..... CODE: .....

PHYSICAL ADDRESS:.....

..... CODE: .....

CONTACT NO'S: (WORK) ..... (HOME).....

(CELL)..... (FAX).....

E-MAIL ADDRESS: .....

E-MAIL ADDRESS 2: .....

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

EMPLOYER:.....

OTHER CLUB MEMBERSHIP/S:..... HANDICAP:.....

AT WHICH CLUB WILL YOU BE HANDICAPPED:.....

LIST MEMBERS KNOWN TO APPLICANT (if any):

.....

.....

WHAT MADE YOU DECIDE TO JOIN PARKVIEW GOLF CLUB? .....

.....



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## 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.

**I understand that this is an annual membership, which is renewed annually. Should I elect to pay my annual subscription by monthly debit order, I will remain liable for the full annual subscription should I choose during the course of the year, to resign my membership.**

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

## CATEGORY APPLYING FOR:

CATEGORY	AGE GROUP	2022 RATES*	TICK
Junior - Weekday & Sunday	18 & under	R 287p/m	
Intermediate A - Weekday & Sunday	19 to 24	R 637 p/m	
Intermediate B1 - Weekday & Sunday	25 to 27	R 929 p/m	
Intermediate B2 - Weekday & Sunday	28 to 30	R 1212 p/m	
Intermediate C - Weekday & Sunday	31 to 34	R 1512 p/m	
Weekday	-	R 1262 p/m	
Weekday & Sunday	35 +	R 1512 p/m	
SAGA Affiliation **	-	R 820 p/a	

\* Includes R12 monthly debit order fee

\*\*Please note that the Handicap and Affiliation fee is payable annually in order to remain registered with SAGA and Handicap SA

## BILLING DETAILS:

I would like to pay once annually in advance	
I would like to pay by monthly debit order	

Application forms can be emailed to [nikki@parkviewgolf.co.za](mailto:nikki@parkviewgolf.co.za). **A copy of your ID or Passport must accompany your application.**

Office use only		
INTERVIEW DATE:...../...../.....	(YES / NO)	TIME:.....
CAPTAIN'S SIGNATURE:.....		DATE:...../...../.....