



## MEMBERSHIP APPLICATION FORM

FIRST NAME:	
SURNAME:	
ID / Passport No:	
NATIONALITY:	
DATE OF BIRTH:	
TEL HOME:	
TEL WORK:	
TEL CELL:	
EMAIL:	

INVOICING / BILLING DETAILS (If different from member details)	
NAME OF COMPANY / ENTITY:	
REG NO:	
VAT NO:	
POSTAL ADDRESS:	
ACCOUNTS CONTACT PERSON:	
TEL:	
EMAIL:	

<b>MEMBERSHIP TYPE:</b>	
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AMOUNT DUE	
ANNUAL SUBSCRIPTION:	
SAGA AFFILIATION FEE:	
HANDICAP FEE:	
TOP UP:	
TOTAL DUE:	

<b>PAYMENT OPTIONS</b>	CASH		DEBIT ORDER		EFT		CREDIT CARD	
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HANDICAP HISTORY	
CURRENT HANDICAP	
DO YOU WISH TO TRANSFER YOUR HANDICAP TO KINGSWOOD? YES/NO	



**NOTES**

It is the responsibility of the applicant to ensure that:

1. Junior Members application must be signed by parent / guardian
2. Entrance fees (where applicable) must accompany the application form. In the event of an unsuccessful application, the amount will be refunded to the applicant

I hereby confirm that I am aware of and agree to comply with the provisions of the Kingswood Golf Estate Rules and Regulations, as amended from time to time. These documents will be available from time to time.

I hereby confirm that I am aware that the standard membership green fees and cart rates are amended at the end of each financial year and that the new fees will be applicable to my membership package, in the event of fee changes.

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**DATE**

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

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**SIGNATURE OF PARENT/GUARDIAN  
IN CASE OF JUNIOR MEMBERSHIP**

**FOR OFFICIAL USE ONLY**

DATE OF APPLICATION:	
CUSTOMER LOADED ONTO SYSTEM:	
EXPIRY DATE ENTERED ON SYSTEM:	
UNITS ADDED ON SYSTEM (If applicable)	
CUSTOMER INVOICED:	
PAYMENT RECEIVED:	
MEMBERSHIP TYPE ALLOCATED:	
WELCOME LETTER SENT:	
SAGA / HANDICAP SYSTEM MAPPING COMPLETED:	
SAGA / HANDICAP CARD ORDERED:	
CUSTOMER CARD RECEIVED:	
APPLICATION COMPLETED:	