



MEMBERSHIP APPLICATION FORM

FIRST NAME:					
SURNAME:					
ID / PASSPORT NO:					
NATIONALITY:					
DATE OF BIRTH:					
TEL HOME:					
TEL WORK:					
TEL CELL:					
EMAIL:					
ARE YOU A KINGSWOOD HOMEOWNER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
CAN WE SEND YOU OUR NEWSLETTER AND REGULAR UPDATES VIA WHATSAPP, SMS AND EMAIL?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
DO YOU WANT TO BE PART OF THE ROLL-UP GROUPS?	TUESDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	SATURDAY <input type="checkbox"/>

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

MEMBERSHIP TYPE:	
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AMOUNT DUE	
ANNUAL SUBSCRIPTION:	
SAGA AFFILIATION FEE:	
HANDICAP FEE:	
TOP UP:	
TOTAL DUE:	

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



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.

DATE

SIGNATURE OF APPLICANT

**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:	
LOADED ON WHATSAPP GROUP:	
LOADED ON RETAILTRIBE:	
SAGA / HANDICAP SYSTEM MAPPING COMPLETED:	
SAGA / HANDICAP CARD ORDERED:	
CUSTOMER CARD RECEIVED:	
APPLICATION COMPLETED:	