

MOSSEL BAY GOLF CLUB

TEL: (044) 691 2379
FAX: (044) 691 3819



MOSSELBAAI GHOLFklub

P O BOX 199
MOSSEL BAY
6500

"We see the sea from every tee"

TITLE: _____ SURNAME: _____ MEMBER NUMBER : _____

FULL NAMES: _____ NICKNAME: _____

RESIDENTIAL ADDRESS: _____ POSTAL ADDRESS: _____

GOLF ESTATE - HOME OWNER: _____

TELEPHONE NO HOME: _____ TELEPHONE NO WORK: _____

CELLPHONE NO: _____

E-MAIL: _____ IDENTITY NO. _____

OCCUPATION: _____

EMPLOYER: _____

HOME LANGUAGE: _____

PREVIOUS CLUB: _____

HANDICAP: _____

CHOICE OF MEMBERSHIP :-

FULL /SNR: COUNTRY: JUNIOR/STUDENT: SOCIAL:

UNDER 30 YRS: SWALLOW: HOA MEMBER : 5 DAY:

MEMBERSHIP IS HEREWITH APPROVED.....(SIGNATURE – CAPTAIN &MEMBER AFFAIRS BOARD MEMBER)

☞ THE REQUISITE ENTRANCE AND MEMBERSHIP FEES ACCOMPANY THIS APPLICATION AND SHOULD IT BE APPROVED BY THE COMMITTEE, I AGREE TO ABIDE BY THE CLUB CONSTITUTION AND BY-LAWS.

SIGNATURE: _____

DATE: _____

BANKING DETAILS: NEDBANK
NAME: MOSSEL BAY GOLF CLUB
ACCOUNT NR: 162 601 2466
BRANCH: 162 645 (MOSSEL BAY)

RECEIPT NUMBER : _____
Payment Method : (chq / cc / cash / EFT)