



**P. O. BOX / POSBUS 123  
WHITE RIVER / WITRIVER 1240  
TEL: (013) 751 3781**

**E-MAIL: manager@whiterivercountryclub.co.za**

## APPLICATION FOR MEMBERSHIP

FIRST NAMES	<input type="text"/>	MEMBERSHIP TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NICKNAME	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INITIALS	<input type="text"/>	TITLE	<input type="text"/>	SECTION		<input type="text"/>	<input type="text"/>	<input type="text"/>
ID NUMBER	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIRTH DATE	<input type="text"/>			AGE	<input type="text"/>	GENDER	<input type="text"/>	<input type="text"/>
E-MAIL	<input type="text"/>							
SA PLAYER ID NO	<input type="text"/>	EMPLOYER	<input type="text"/>					
CURRENT HANDICAP	<input type="text"/>	OCCUPATION	<input type="text"/>					
ACTIVE	<input type="text"/>	HANDICAP REQUIRED	<input type="text"/>	NAME OF SPOUSE				
ELECTION DATE	<input type="text"/>	SPOUSE'S ID NO.						
ADDRESS	<input type="text"/>							
BUSINESS	<input type="text"/>				TELEPHONE NOS.			
HOME	<input type="text"/>				BUSINESS			
POSTAL	<input type="text"/>				CELL			
CODE	<input type="text"/>				HOME			
PROPOSER	No.	<input type="text"/>	Name	Signature				<input type="text"/>
SECONDER	No.	<input type="text"/>	Name	Signature				<input type="text"/>

Have you been asked to resign , or refused membership of any other club? If so , please state circumstances:

Have you been a member of another Club and if so where and when did your membership expire?

Declaration: I..... Hereby wish to apply for membership of White River Country Club and agree to be bound by the Constitution of the Club and abide by the rules and regulations of the Club

SIGNATURE OF APPLICANT: ..... DATE .....

**For office use only**

FEES PAYABLE	
ENTRANCE	
SUBS PRO RATA	
AFFILIATION	
NGN	

DATE RECEIVED	
SECTION COMMITTEE	
MANAGEMENT COMMITTEE	
GLOVENT	HNA
MEMBERSHIP NO.	CARD