

THE DURBAN SHONGWENI CLUB

info@shongweniclub.co.za

MEMBERSHIP APPLICATION

P.O.Box 62, Hillcrest. 3650

Phone 7681251 or 7681180 / Fax 7681267

Full names of applicant (Mr,Mrs,Miss) _____

Identity Number _____ Date turning 18yrs (Juniors) _____ then Full Member

Physical address _____

Postal address _____ eMail address _____

Phone (h) _____ (w) _____ (cell) _____

Please indicate the **category** of membership sought by marking the appropriate box with a **X**.

Annual charges are payable on approval of this application. Membership subscriptions and Green fees for applications approved will be charged on a 'pro rata' basis for the remainder of the Club year ending on 31st July annually. The rates for 2008/2009 membership are listed below.

I am presently a member of the following Clubs: _____

Has your membership of any Club been refused or terminated or have you been asked to resign from any Club? **YES/NO**.

If "yes" give details of Club _____

I have read and agree to abide by the Constitution of The Durban Shongweni Club and the Club Rules and Regulations in force from time to time, should my application be approved. I accept the General Committees decision regarding the selection of members as laid down in the constitution. (Available to read on www.shongweniclub.co.za)

I undertake to inform the Club office secretary of any changes in my particulars especially my address, as listed in this application and I am aware of the procedures and requirements laid down in the Constitution regarding resignation form the club.

Signature (parent or Guardian if a minor) Date _____

Proposer Name _____ Signature _____

Seconder Name _____ Signature _____

The Proposer and Seconder must be full members in good standing and have been members of the Durban Shongweni Club for not less than one full Club year.