



APPLICATION FOR MEMBERSHIP

Surname: First Names: Title:

Date of Birth: / / I.D. Number:

Occupation: Name of Employer:

Postal Address: Postal Code:

Physical Address: Postal Code:

Are you a Bosch Hoek Estate Homeowner? Yes No (✓)

Telephone Number: (H) (W)

Cell Phone Number: Fax Number:

Email Address: Current Handicap:

To which golf clubs do you or have you belonged to?

Have you ever been denied entrance to another club or been a member in default at any other club? Yes No (✓)

Will Bosch Hoek Golf Club be your affiliated club? Yes No (✓)

Invoicing Details if different from above:

Name:

Postal Address: VAT No.:

I hereby submit my application for membership of Bosch Hoek Golf Club. I agree to abide by the Club Constitution and Rules & Regulations, which may be amended from time to time.

I declare that the above information is true and correct.

Signature of Applicant: Date:

Name of Club Proposer: Date:

Signature of Club Proposer:

Length of time Applicant is known to Proposer:

“As good as it gets...”



2014 / 2015 Membership Fees (including VAT)

Membership Fees	Pay As you Play	Unlimited	Affiliation to Bosch Hoek Golf Club (per person)	New H/cap Card Fee (per person)	Total Payment
Family (husband, wife & children)	6 950.00	9 000.00	() x 480.00	() x 195.00	
Adult (over 25 years on 1 October 2014)	3 950.00	7 000.00	480.00	195.00	
Junior (under 25 years on 1 October 2014)	1 150.00	1 950.00	480.00	195.00	
Scholar (bona-fide school going person)		1 000.00	480.00	195.00	
School Staff (bona-fide school employee)	1 150.00	1 950.00	480.00	195.00	
Member's Green Fees	9 Holes	18 Holes			
Adult (over 25 years on 1 October 2014)	120.00	160.00			
Junior (under 25 years on 1 October 2014)	75.00	95.00			
School Staff (bona-fide school employee)	120.00	160.00			

Banking Details: Bosch Hoek Golf (Pty) Ltd, Nedbank Ltd, Gateway 189 905, Account No. 189 905 1333.
Please use your full name as reference.

Additional Information Required for a **Family Membership only:**

Full Name of Spouse: I.D. Number:
 Affiliation: Yes No (✓)

Full Name of Child 1: I.D. Number:
 Affiliation: Yes No (✓)

Full Name of Child 2: I.D. Number:
 Affiliation: Yes No (✓)

Full Name of Child 3: I.D. Number:
 Affiliation: Yes No (✓)

Membership approved / declined by the Executive Committee.	Date:
Signature of Chairman:	

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