



Best Overall Experience

**KRUGERSDORP GOLF CLUB**  
1 Nightingale Crescent,  
Rant-en-Dal, Mogale City  
Office (011) 660 4365  
Admin Office Email:  
Receptionist: alicia@kdpgc.co.za  
Secretary: beatrix@kdpgc.co.za

# APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY				
MEMBERSHIP NUMBER	CREATE ACCOUNT	GOLF ROUNDS	TAGS	MEMBER PRODUCT
	CLUB SPENDING			SUBS OTHER
SAGA LOADING	PLAYER ID	CARD ORDER NUMBER	INVOICE	

**I HEREBY APPLY FOR MEMBERSHIP AT KRUGERSDORP GOLF CLUB  
AND ON ACCEPTANCE WILL ABIDE BY THE CLUB'S CONSTITUTION AND RULES**

CATEGORY OF MEMBERSHIP APPLIED FOR:

NAME  
SURNAME  
NICKNAME  
ID NUMBER  
DATE OF BIRTH  
GENDER


POSTAL ADDRESS


CELL NUMBER  
HOME NUMBER  
ALTERNATIVE NUMBER  
*(Compulsory for Under 18)*  
E-MAIL ADDRESS  
*(Compulsory for all Members)*


CLUB WHERE APPLICANT IS/WAS A MEMBER

STANDARD BANK KEY WEST  
ACCOUNT NUMBER- 021 351 821  
BRANCH NUMBER- 01 58 41  
REFERENCE- NAME AND SURNAME

PAYMENT OPTION	FULL	SPLIT	DEBIT ORDER
AMOUNT PAID	R		

**PLEASE SEE THE ATTACHED SCHEDULE FOR INFORMATION *iro* THE PAYMENT OPTIONS**

SIGNATURE OF APPLICANT

SIGNATURE OF GUARDIAN *(For Under 18)*

DATE MEMBER JOINED *(Compulsory)*

**PLEASE NOTE THAT THIS IS AN ONGOING MEMBERSHIP AND SHOULD YOU WISH TO  
CANCEL YOUR MEMBERSHIP IT SHOULD BE DONE IN WRITING BEFORE  
31st JANUARY EACH YEAR**

GENERAL MANAGER SIGN OFF