

# WEST ORLANDO GOLF CLUB

Since 1977

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## APPLICATION FOR MEMBERSHIP

1. First Name/s

2. Family Name / Surname:

3. Home Address

  
  

4. Postal Address:

  
  

5. Mobile Number

6. Business. / Employment Address


7. Telephone Numbers

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8. Fax Numbers

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9. Email Address

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10. Marital Status

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11. Are you a Member of any other Golf Club?

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12. If **YES** to 11, state the name of the Club and membership number

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13. Do you belong to any other Golf Club?

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**14.** If you have left any Golf Clubs state the name of the club you left when and the reason why you left the Club


**15.** What is your present handicap?

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**16.** If your application is accepted, what would you like to do to serve the West Orlando Golf Club?


**17.** Do you undertake to attend meetings, tournaments and functions of West Orlando Golf Club?

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**18.** Please set out in brief what made you apply for membership of this Club


19. Give two names of existing Club members to whom you are known, whose signatures must also appear below as proposers:

Proposer 1

Proposer 2

Dated at ..... on this the ..... day of .....**2010**

SIGNED BY APPLICANT

SIGNED BY PROPOSER 1

SIGNED BY PROPOSER 2

**NB: A handling fee of R100.00 which is non refundable must accompany this application form.**