

MEMBERSHIP APPLICATION FORM

TYPE OF MEMBERSHIP: (TICK BOX APPLICABLE)

CATEGORY		CATEGORY		CATEGORY	
Family Package		Full Male		Full Ladies	
Senior Unlimited		Senior Male (over 60)		Senior Female (over 60)	
Unlimited U/35		Male under 35		Ladies under 35	
Unlimited Student		Student (full time)		Junior /Scholar	
Unlimited Family		Country member (residing outside Vaal)		Corporate	

PERSONAL DETAILS:

Title (tick box)	Dr		Mr		Mrs		Miss		Master		Other
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Surname: _____ First Name: _____

Nickname: _____ Id Number: _____

Date of Birth: _____ Email: _____

Residential address: _____

_____ Postal Code: _____

Postal address: _____ Postal code: _____

Employer: _____ Occupation: _____

Telephone – Home (____) _____ Work (____) _____ Cell (____) _____

PROPOSER & SECONDER (must be a member entitled to vote at AGM)

	Proposer	Seconder
Name		
How long have you known applicant		
Comment		
Signature		

Details of club membership (including current & former golf clubs):

Current: _____

Former: _____

I have/have not *been a member of the Riviera on Vaal Country club before.

I have/have not *ever been refused membership at any club.

My membership at any club has/has not *been terminated.

Are you a member in good standing at these clubs? Yes _____ No _____

If NO please give details: _____

* Delete if not applicable.

Handicap: _____ at _____ Club. Will you be handicapped at Riviera On

Vaal Country Club? Yes/No

Note: You cannot be handicapped at more than one club. Members of more than one club will have their handicaps linked but must decide at which club they will keep their handicap.

Upon acceptance of my membership, I shall be bound by the Constitution and by the Rules, Regulations and Bylaws of the club. I hereby acknowledge that Riviera on Vaal Country Club is not responsible for any loss or injury sustained by me, my family or my guests when using the Club's facilities and indemnify Riviera on Vaal Country Club in respect of any such claims.

SUBSCRIPTIONS – RIVIERA ON VAAL COUNTRY CLUB

Payment: Payment of all dues must accompany your application or a signed debit order form must be completed.

Subscription: Will be calculated on a pro-rata basis on the number of months or part thereof should you join outside the financial year period (28 February).

Debentures: 12 month commences date of joining after expiry date of debenture period.

Subscription due by you: R _____

Applicant signature: _____ Date: _____

• **PLEASE NOTE**

- Your annual subscription is automatically renewed unless you resign in writing. Your resignation can be done via email to finance@rovcountryclub.co.za.
- Receipt of your resignation will be acknowledged and you will be informed of any outstanding amounts due.
- Your outstanding subscriptions must be fully paid upon resignation.
- No refunds will be given if you resign before your 12 month subscriptions comes to an end.
- Should you fail to pay your subscriptions, your handicap card will be made inactive until such time as your subscriptions have been paid.
- No release will be signed to another club if your subscriptions have not been settled in full.