

MEMBERSHIP APPLICATION

Type of membership you are applying for (please tick applicable box)											
Full Membership (Ebotse Ho	Senior 60+ Mer	ior 60+ Membership Midweek Me						bership			
Full Membership (non-Ho	Ladies Full Mer	ies Full Membership				Country Membership					
Family Membership (Ebotse Homeowner) Image: Second Sec											
Family Membership (non-Ho	meowner)]	Student Mer	nbers	hip		Club 25		35 Mem	•	
Do you ree	quire a playing	card (see attache	d rates) Yes [No 🗌		Club 35	Uniimit	ed iviern	bership	
ID Number											
Title (Dr / Prof / Mr / Mrs / Miss / Ms / Mr & Mrs)											
First Name(s)										R	
Surname											
Spouse/Partner	ID Number			Cell							
First Name Child 1	ID Number			Cell							
First Name Child 2	ID Number			Cell							
First Name Child 3	ID Number			Cell							
First Name Child 4	ID Number			Cell							
	Name: Ebotse edbank Limited	Golf and Country	Estate Home Ow	vners	Associatio	n NPC		Total I	Due	R	
Account	Number: 1191 Code: 198765										
Physical Address											
Postal Code											
Postal Address											
Postal Code											
Home Telephone Business Telephone											
Fax Cellphone											
E-mail											
Occupation											
Business Owner Yes 🗌 No	Name of B	Name of Business									
Stand Number (If an Ebotse Golf and Country Estate Homeowner)											
What other memberships do you or your family hold?											
Handicaps Primary Member	Spouse	e Child 1	Child 2		Child 3		Child 4				
Signature					Date DD / MM / YYYY						
Completed application forms with accompanying proof of payment can be delivered to: Ebotse Golf and Country Estate Clubhouse, Sarel Cilliers, Rynfield, Benoni.											
or sent via email to golfdirector@ebotselinks.com OR gm@ebotselinks.com 087 280 3555											
If elected to Membership, I hereby agree to fully abide by the constitution, rules and regulations of Ebotse Golf and Country Estate. I agree to pay the above mentioned fees upon submitting this application and accept that these fees are not refundable if this application is accepted. In addition, I accept that the annual subscription fee is due and payable on a 12 month basis in advance. Membership will run from date of signature to 28 February of the following year on a pro rata basis for these months. Resignations must be submitted in writing, prior to the date of renewal, failing which I will be liable for the following year's subscription. Management reserves the right to adjust the membership policy and fee structure on an annual basis.											