

1. I, the undersigned _____,
Id number: _____
herby apply to be admitted as a member of the Ebotse Links Golf Club (the Club), and in the category referred to in Annexure "A" hereto.
2. I confirm that:
- 2.1 The information I provide in this Application is to the best of my knowledge true and correct. I understand that my Membership (if granted) may be immediately terminated if it is established that I have provided any false information herein.
- 2.2 I have no previous convictions or outstanding cases in respect of any of the offences listed in Schedule 5 and 6 of the Criminal Procedure Act, Act 51 of 1977, nor am I the subject of an investigation into the alleged commission of such offences.
- 2.3 I have not, in the last 5 years, been expelled or banned from any sporting club, nor has my membership been terminated by any sporting club as a result of a transgression of the sporting club's disciplinary code or rules.
3. I undertake to abide by the constitution and rules of the Club.
4. I understand that:
- 4.1 Membership of the Club commences on the 1st of March of each year, and runs until the 28th of February of the following year, whereafter it automatically renews, unless:
- (i) a Member resigns, or
(ii) a Member's membership is terminated by the Club.
- 4.2 Membership fees are payable yearly in advance, on or before the last day of February of each year.
- 4.3 When I become a Member during a membership year, my membership fees will be calculated pro-rata, and with effect from the first day of the month in which I become a Member, until the last day of February.
- 4.4 When my membership of the Club is terminated, for whatever reason:
- (i) I will not receive a refund in respect of any membership fees that I have paid as at the date of termination of my membership; and
(ii) I will remain liable for the payment of the balance of any Membership fees still due for the Membership year, where I have arranged to pay the Membership fees for that year in instalments.
- 4.5 Insofar as I may wish to terminate my membership before it is automatically renewed (as referred to in paragraph 4.1 above), I must provide the Club with my written resignation at least 30 days prior to the end of the membership year, failing which my membership will be automatically renewed, and I will be liable to the Club for the membership fees of the following year.
5. I choose as my *domicilium citandi et executandi*, for the purpose of the service of all notices and correspondence, the address I have provided on Annexure "A" hereto.

SIGNED AT _____ ON THIS THE ____ DAY OF _____ 20__

APPLICANT



MEMBERSHIP APPLICATION

Type of membership you are applying for:

Full Membership (Ebotse Homeowner) <input type="checkbox"/>	Senior 60+ Membership <input type="checkbox"/>	Midweek Membership <input type="checkbox"/>
Full Membership (non-Homeowner) <input type="checkbox"/>	Ladies Full Membership <input type="checkbox"/>	Country Membership <input type="checkbox"/>
Family Membership (Ebotse Homeowner) <input type="checkbox"/>	Junior Membership <input type="checkbox"/>	Club 20 Membership <input type="checkbox"/>
Family Membership (non-Homeowner) <input type="checkbox"/>	Student Membership <input type="checkbox"/>	Club 35 Membership <input type="checkbox"/>
Do you require a playing card (see attached rates) Y/N <input type="checkbox"/>		Club 35 Unlimited Members <input type="checkbox"/>

ID Number			
Title (Dr / Prof / Mr / Mrs / Miss / Ms / Mr & Mrs)			
First Name(s)			
Surname			R
Spouse / Partner	Id No	Cell	R
First name Child 1	Id No	Cell	R
First name Child 2	Id No	Cell	R
First name Child 3	Id No	Cell	R
First name Child 4	Id No	Cell	R
Total Due			R

BANKING DETAILS:

Account name: Ebotse Golf and Country Estate Home Owners Association NPC

Bank: Nedbank Limited

Account no: 119 122 50 54

Branch code: 198 765

Physical Address												
Postal Code												
Postal Address												
Postal Code												
Home Telephone					Business Telephone							
Emergency No					Cell phone							
E-mail												
Occupation												
Business Owner Y / N					Name of Business							
Stand Number (if an Ebotse Golf and Country Estate Home Owner)												
What other membership do you or your family hold?												
Handicaps	Primary Member		Spouse		Child 1		Child 2		Child 3		Child 4	

Date: ___/___/___

Signature

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