

APPLICATION FOR MEMBERSHIP 2019

CATEGORY OF GOWRIE GOLF MEMBERSHIPS

Single Membership:

- Single member over the age of 65 yrs and living within 60km of Gowrie Farm
- Single member over the age of 35 yrs but under the age of 65 yrs
- Single member under the age of 35 yrs but over the age of 21 yrs
- Single member over the age of 21 yrs who is a staff member at any of the local schools
- Single member living between 60km and 200km from Gowrie Farm
- Single member living more than 200km from Gowrie Farm

Rate	✓
R5,220.00	<input type="checkbox"/>
R9,605.00	<input type="checkbox"/>
R3,800.00	<input type="checkbox"/>
R2,675.00	<input type="checkbox"/>
R3,905.00	<input type="checkbox"/>
R2,650.00	<input type="checkbox"/>

Family Membership

- Homeowner members, which includes husband, wife and children under the age of 26 yrs
- Non-Homeowner family members, which include husband, wife and minor children

Rate	✓
R12,090.00	<input type="checkbox"/>
R12,090.00	<input type="checkbox"/>

- **Corporate Membership** - Applications to be submitted to Trustees for consideration

Non-Homeowner Membership commences on 1 January of each year and terminates on 31 December

PLEASE NOTE: NO GREEN FEES ARE APPLICABLE BY MEMBERS WHOSE SUBSCRIPTIONS HAVE BEEN PAID

Those members wishing to be handicapped at Gowrie Farm are obliged to pay an affiliation fee which includes SAGA, KZNGU and Midlands Golf - R645.00 PER ANNUM

Personal Details of Member/s:

Surname: _____ Title: _____

First Name: _____ Age: _____

Identity No: _____ Date of Birth: _____

RESIDENTIAL ADDRESS:

Street: _____

City: _____

Code: _____

Email Address: _____

POSTAL ADDRESS:

Street / PO Box: _____

City: _____

Code: _____

TELEPHONE:

Home: _____

Cell: _____

Work: _____

Fax: _____

Membership at Other Clubs (please specify) _____

REFERENCE:

Full Name: _____ Contact Number: _____

Please complete for Family Memberships only:

Full Name of Spouse: _____ Handicapped:

MINOR CHILDREN:

Child's Name: _____ I.D. No: _____ Handicapped:

Child's Name: _____ I.D. No: _____ Handicapped:

Child's Name: _____ I.D. No: _____ Handicapped:

I hereby apply for Membership of GOWRIE FARM GOLF CLUB and confirm that the above information is true and correct.

SIGNATURE OF APPLICANT