



Zwartkop Country Club Membership Application form



Membership type

- | | |
|---|--|
| <input type="checkbox"/> Full member | <input type="checkbox"/> Pensioner Full |
| <input type="checkbox"/> Hole in One Full | <input type="checkbox"/> Pensioner 5 day |
| <input type="checkbox"/> Student | <input type="checkbox"/> Weekday mornings only |
| <input type="checkbox"/> Junior | <input type="checkbox"/> 6 Day – 1 free round |
| <input type="checkbox"/> Under 30 | <input type="checkbox"/> 6 Day – 2 free rounds |
| <input type="checkbox"/> Social Member | |

Membership payment is strictly by DEBIT ORDER (please complete the reverse in full)
 Alternatively, a 5% discount is offered if paid once-off for the 12-month membership.

Current SAGA Handicap No _____

TRANSFER HANDICAP YES / NO

Member of _____ Club.

First Name _____ Surname _____

ID Number _____ Date of Birth _____

Students-University _____ Year of completion _____

Juniors-School _____ Year of completion _____

Home address _____

Postal Address _____ Postal Code _____

Email address _____

Home Tel _____ Cell _____

WorkTel _____ Fax _____

Emergency contact _____ Cell _____

Employer _____ Occupation _____

We look forward to having you as a member
 of Zwartkop Country Club

Reception Tel 012-6541144 / Pro Shop Tel 012-6542111
 admin@zwartkopcc.co.za / proshop@zwartkopcc.co.za

Agreement

- A) If elected to membership, I hereby subscribe to and adhere to fully abide by the rules and regulations in terms of the Constitution of the Zwartkop Country Club (which will be made available to me on my request)
- B) My membership is for the next 12 months ending _____ 20____ and my membership will be **renewed automatically if my resignation is not received in writing** 60 days before the end-date.
- C) Membership being renewed automatically will be suspended in the event of membership fees not received within 60 days of the renewal date, or if being paid monthly, monthly payments are not kept up to date.
- D) Should I resign my membership, I accept that fees are payable to _____ 20____ and if paid in advance, are non-refundable.
- E) Resignation submitted after the above date will be accepted, but full fees are payable for the next 12 months.

I declare that no verbal agreement or arrangement between myself and the Club will be of any effect and all agreements or arrangements must be in writing.

RISK WARNING—ZWARTKOP COUNTRY CLUB (PTY)LTD. ALL PERSONS ENTER OR DWELL IN THE PREMISES OF ZWARTKOP COUNTRY CLUB (PTY)LTD, OLD JOHANNESBURG RD, LYTTTELTON, PRETORIA AT THEIR OWN RISK!

ZWARTKOP COUNTRY CLUB, THEIR MEMBERS, EMPLOYEES, CONTRACTORS, SUB-CONTRACTORS, AGENTS, WORKMEN OR REPRESENTATIVES (HEREINAFTER JOINTLY AND SEVERALLY REFERRED TO AS THE "COMPANY") DO NOT ACCEPT ANY RESPONSIBILITY FOR ANY INJURY TO ANY PERSON, OR LOSS OF OR DAMAGE TO PROPERTY, REGARDLESS WHETHER SUCH INJURY, LOSS OR DAMAGE RESULTS FROM THE NEGLIGENCE OF THE COMPANY OR FROM ANY OTHER CAUSE WHATSOEVER.

ANY PERSON/S ACCOMPANYING OR IN CONTROL OF A MINOR OR A PERSON WITH LIMITED CAPACITY (WHERE MORE THAN ONE PERSON, JOINTLY AND SEVERALLY) INDEMNIFY/IES THE COMPANY AGAINST ANY CLAIM BY SUCH MI-NOR OR PERSON ARISING FROM OR IN CONNECTION WITH HIS/HER PRESENCE IN THE PREMISES, INCLUDING SPECIFICALLY WITHOUT BEING LIMITED THERETO, ANY CLAIMS IN RESPECT OF INJURY, LOSS OR DAMAGE, AS AFORE-MENTIONED, AND ARISING FROM ANY CAUSE REFERRED TO ABOVE.

Date _____ Applicants signature _____

FOR OFFICE USE ONLY

Membership number _____ Full payment Debit order
 BRS capture HC ordered Members pack issued

