



**WINGATE PARK COUNTRY CLUB
APPLICATION FOR MEMBERSHIP
GOLF**

MEMBER NR:

*I am applying for the following membership of the Club:
Please provide the following details and make a cross where applicable. Please print*

TITLE:										
ADV		PROF		DR		MR		MRS		MISS
GENDER										
MALE		FEMALE		PREFER NOT TO SAY						

SURNAME	
FULL NAMES	
NATIONALITY	
ID NR/PASSPORT NR	
DATE OF BIRTH	
POSTAL ADDRESS	
HOME ADDRESS	
CONTACT NR.	
EMAIL	
PROFESSION	

Details of family members who are also members of Wingate Park CC:

FAMILY MEMBER	MEMBERSHIP NR.	RELATIONSHIP

Communication from WPCC could be done by email and mobile phone
Please keep your contact details updated of any changes

I hereby agree to keep my contact details updated, for the delivery and/or process arising from the amounts incurred by myself:

I DECLARE THAT THE ABOVE INFO IS CORRECT

I agree fully to abide by the rules, regulations, By-Laws, the Ethical Code of the club and the Constitution of Wingate Park Country Club.

Signature _____

Date _____

I, the undersigned, hereby assume full responsibility and liability for all amounts incurred by:

**Junior/under age Student members name
at Wingate Park Country Club**

I hereby choose the address set out hereunder as my physical address in South Africa, which **is not a postal address**, for the delivery and/or process arising from the amounts incurred by the said Junior/Student.

FULL NAMES

SIGNATURE

EMAIL ADDRESS

CONTACT NUMBER

I DECLARE THAT THE ABOVE INFO IS CORRECT



WINGATE PARK COUNTRY CLUB

APPLICATION FOR MEMBERSHIP - GOLF

MEMBERSHIP CATEGORY
SELECTED

OPTIONAL EXTRA'S SELECTED

PAYMENT METHOD

MONTHLY DT ORDER

PAYMENT UPFRONT

At which club will you be handicapped:

Name of previous club where you were a member

Dates that you were a member at this club

HANDICAP

HANDICAP ID NR

2 7

AGREEMENT

If elected to membership, I hereby subscribe to and agree fully to abide by the rules and regulations.

I understand that the fees quoted are valid from the 1st of July each year.

SIGNATURE

DATE



DT ORDER INSTRUCTION # CLUB NR:

NAME & SURNAME (ACCOUNT HOLDER) _____

ADDRESS _____

BANK _____

BRANCH AND CODE _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT _____

AMOUNT _____

DT ORDER DATE _____ (Date on which deduction will take place)

TO: WINGATE PARK COUNTRY CLUB

Abbreviated Name as Registered with the Bank: WINGATEPAR

Beneficiary's Address: 539 Norval Str, Wingate Park, 0153

WINGATEPAR will appear as reference on your statement.

This signed Authority and Mandate refers to our contract dated ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: MONTHLY. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Should the debit order not be successful, a double debit order will take the following month.

SIGNATURE

DATE