



MEMBERSHIP APPLICATION

MEMBERSHIP TYPE: _____ DATE:

PLEASE COMPLETE THE APPLICATION IN BLOCK LETTERS:

SURNAME: _____

FIRST NAME: _____

SA ID / PASSPORT: _____ Date of Birth: _____

ADDRESS: _____

OCCUPATION: _____ TEL (H): _____

EMAIL: _____ TEL (W): _____

SIGNATURE: _____ CELL: _____

By signing this document, you are consenting to Somerset West Golf Club collecting and storing certain personal information about you. Please be assured that this Club is fully compliant with the Protection of Personal Information Act ("POPIA") regarding how we collect personal information from you, why we collect it, what it is used for and how it is stored. This personal information may be used to provide you further details of the event you are entering and may be stored by the Club for purposes of further such events. Your personal information shall not be shared with any third party whatsoever, save for a GolfRSA approved scoring or handicap service provider to this event, who shall also be fully POPIA compliant. If you are a minor, your parent or guardian must consent to you providing your personal information and must thus sign this document as well.

TO BE COMPLETED BY PROPOSER :

PROPOSER _____

Signature of Proposer _____

FOR OFFICE USE ONLY:

Receipt no.: _____ Date Processed: _____

Membership no.: _____