

WINGATE PARK COUNTRY CLUB

APPLICATION FOR MEMBERSHIP - GOLF



Club Number :

A PERSONAL INFORMATION

Full Name :

Nickname : Date Of Birth :
D D M M Y Y

Address :

Postcode : ID Number :

Nationality : Gender Male Female

Contact Number : Profession :

E-Mail :

B DETAILS OF FAMILY MEMBERS WHO ARE ALSO MEMBERS OF WINGATE PARK CC:

Family Member Name :

Membership Number : Relationship :

I declare the above information is correct :

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

WINGATE PARK COUNTRY CLUB

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C MEMBERSHIP DETAILS

Membership Category Selected :

Optional Extras Selected :

Payment Method : Payment Upfront

Monthly Debit Order

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 Number :

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. :

NOTE: A minimum membership period of 4 months is required before cancellation of membership can be requested.

JUNIOR/STUDENT MEMBERSHIP ONLY - PERSON RESPONSIBLE FOR PAYMENT

Name & Surname :

ID Number :

Email Address :

Signature

Date :

WINGATE PARK COUNTRY CLUB

DEBIT ORDER INSTRUCTION



Club Number :

D BANKING DETAILS

Company Name (If Applicable) :

Member Name & Surname :

Bank :

Branch Name or Code :

Account Number : Account Type :

Monthly Amount : (MUST BE FILLED IN BY THE MEMBER)

Debit Order Date : 1st 15th 31st

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 email to admin@wingatecc.co.za. Debit Orders will be automatically renewed annually unless notice of cancellation has been given.

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. **Should the debit order not be successful, a double debit order will be processed the following month. Failed debit orders for a period of 3 months or longer will result in a "Unfinancial" listing on the Handicaps SA system.**

Signature

Date :