



www.tanglewoodgp.co.za
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MEMBERSHIP APPLICATION FORM (GAUTENG)

CONTACT DETAILS
 PO Box 751826
 Gardenview
 2047

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 Tel: 011 452 7757
 Fax: 086 503 3482

NAME & SURNAME		
I.D NUMBER/DATE OF BIRTH		
GENDER		
POSTAL ADDRESS		
POSTAL CODE		
PHYSICAL ADDRESS		
POSTAL CODE		
PHONE - WORK		
PHONE - HOME		
CELL NUMBER		
FAX NUMBER		
E-MAIL ADDRESS		
EMPLOYER		
OCCUPATION		
PREVIOUS CLUBS		
PRESENT HANDICAP (IF APPLCABLE)		
HAVE YOU EVER BEEN EXPELLED FOR ANY CLUB/ORGANIZATION?	YES	NO
HAVE YOU EVER BEEN REQUESTED TO RESIGN?	YES	NO
HAVE YOU EVER HAD AN APPLICATION FOR MEMBERSHIP REJECTED?	YES	NO
MEMBERSHIP FEES		
MEN	R	
LADIES	R	
JUNIORS (18 years & under)	R	
STUDENTS (full time) (copy of Student Card required)		
ADULT ASSOCIATE MEMBERSHIP		
JUNIOR ASSOCIATE MEMBERSHIP		
FOR OFFICIAL USE ONLY		
DATE OF ACCEPTANCE:		
MEMBERSHIP NO:		
MEMBERSHIP TYPE:		

I HEREBY AGREE TO ABIDE BY THE RULES AND CONSTITUTION OF TANGLEWOOD GOLF CLUB AND THE AGREEMENT ENTERED INTO BETWEEN GERMISTON GOLF CLUB AND TANGLEWOOD GOLF CLUB, COPIES OF WHICH ARE AVAILABLE FROM OUR OFFICES.

SIGNATURE: _____ **DATE:** _____

BANKING DETAILS:
 Tanglewood Golf Club
 First National Bank
 Branch Code: 221526 (Kloof)
 Account No: 62008910392
 Current cheque account

PLEASE USE YOUR SURNAME AS A REFERENCE WHEN MAKING YOUR DEPOSIT & FAX YOUR APPLICATION FORM & PROOF OF DEPOSIT TO TIBBY BURGER (031) 768 1904

Affiliated to Central Gauteng Golf Union