

# CLARENS MEMBERSHIP APPLICATION FORM – NEW MEMBERS

<b>MR / MRS /MISS</b>	<b>FIRST NAMES:</b>		<b>SURNAME:</b>
<b>ID NUMBER:</b>		<b>POSTAL ADDRESS:</b>	
<b>PRIMARY RESIDENTIAL ADDRESS:</b>			
<b>HOME TEL NUMBER:</b>		<b>WORK TEL NUMBER:</b>	
<b>FAX NUMBER:</b>		<b>CELL NUMBER:</b>	
<b>EMAIL ADDRESS:</b>			
<b>CURRENT GOLF HANDICAP:</b>	<b>INDIVIDUAL HCP</b>	<b>BETTER BALL HCP</b>	
<b>NAME OF CLUB WHERE CURRENTLY HANDICAPPED:</b>			
<b>DO YOU WISH TO BE HANDICAPPED AT CLARENS: (PLEASE TICK)</b>		<b>YES</b>	<b>NO</b>
<b>NB: YOU CAN ONLY BE HANDICAPPED AT ONE CLUB</b>			

## CLARENS MEMBERSHIP OPTIONS

(March 2010 to February 2011)

<b>MEMBERSHIP</b>	<b>INCLUDING GREENFEES (Including VAT)</b>	<b>Tick ✓</b>
<b>Full Individual Membership</b>	<b>R8150</b>	
<b>Additional Spouse to join</b>	<b>R2470</b>	
<b>Additional Dependant to join</b>	<b>R2470</b>	

Please note: All prices include VAT

I hereby apply to be accepted as a member of the Clarens Golf and Trout Estate and submit that all the particulars set out on this application form are correct. When accepted, I undertake to be bound by the Constitution, Rules, Regulations and Bye-Laws, which are, or hereafter may be in force at The Club.

Yours faithfully,

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE COMPLETE IN FULL & RETURN BY FAX OR EMAIL:**  
**FAX NO. 058-256 1385      TEL. 082 550 1270      EMAIL: Jolene@thclarens.co.za**