



Tel: 039 695 0141 Email: reception@pscc.co.za

APPLICATION FOR MEMBERSHIP

I hereby apply for membership at Port Shepstone Country Club in the following category:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bowls | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Junior Cricket |
| <input type="checkbox"/> Junior Golf | <input type="checkbox"/> Country/Associate Member |
| <input type="checkbox"/> Social | <input type="checkbox"/> Coastal Member |
| <input type="checkbox"/> Cricket | |

I am aware of and agree to abide by the rules and by-laws in force from time to time.

I hereby make payment of the sum of R..... in terms of rule 13c.

All applications must be accompanied by payment.

APPLICANT

Name: _____
(Please print – state Mr. Mrs. Miss or other title)

Signature: _____ I.D. No: _____

Telephone. Work: _____ Home: _____ Cell: _____

Residential Address: _____

Postal Address: _____

Occupation: _____ Email Address: _____

Branch of sport mainly played: _____

Name of previous club: _____ HNA nr: _____

Proposed by: _____ Signature: _____ Mem.No.: _____

Seconded by: _____ Signature: _____ Mem.No.: _____

JUNIOR APPLICANT

Parents Name: _____ I.D. No: _____

Present School Attended: _____ Parents Signature: _____

