

Victoria Country Club

ESTABLISHED IN 1859

Peter Brown Drive, Montrose

P O Box 203

Pietermaritzburg 3200

Application for Membership

Surname: _____ Title: _____

First Names: _____ Date of Birth: _____

Gender: _____ Age: _____

Occupation: _____

Place of Employment: _____

ID Number: _____ (Please Provide A Copy Of Your ID or Passport)

Residential Address: _____

Postal Address: _____

Contact Numbers:

Home: _____ Work: _____

Cell: _____ Fax: _____

Alternative Contact Persons Name: _____ Tel NO _____

Email Address: (please print clearly) _____

Membership Category: _____

Do you want to be Handicap at VCC: Yes / No

SAGA Player ID: _____ Round Taken: _____

(NB: family membership consists of Husband, Wife & 2 Children under the age of 18)

If Family Elected:

Wife's Name: _____ DOB: _____ Age: _____ H/Cap: Yes / No

Child's Name: _____ DOB: _____ Age: _____ H/Cap: Yes / No

Child's Name: _____ DOB: _____ Age: _____ H/Cap: Yes / No

To which Clubs do you or have you belonged to? _____

Have you ever been denied entrance to another Club or been a member default at any other Club?
Yes / No

I hereby submit my application for membership of Victoria Country Club. I agree to abide by the Club Constitution and with Club Regulations, available on the clubs website, which may be amended from time to time.

SUBSCRIPTIONS: Club subscriptions are due and payable on 1st January each year, and are to be paid either in one lump sum, or by monthly debit order which is to be established prior to 1st January of each year.

Members wishing to resign their membership must do so in writing to the General Manager, and must give three months' notice.

Signature: _____

Date: _____