



Office Use Only

RPAGC #:

HNA #:

Card Order #:

Subs:

Tel: (046) 624-4796

E-Mail: info@rpagc.co.za

P.O. Box 418

Port Alfred, 6170

Eastern Cape

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I, the undersigned
hereby apply for membership
of the above Club and if elected to, will conform to the rules and regulations of the club.

APPLICANT'S FULL NAMES:

HOME OR PREVIOUS CLUB:

HANDICAP INDEX: I.D. No:

APPLICANTS ADDRESS: DATE OF BIRTH:

POSTAL: Code:

RESIDENTIAL: Code:

POSTAL AND RESIDENTIAL ADDRESSES ARE THE SAME: Y / N

E-MAIL:

TEL NO: CELL NO:

APPLICANT'S OCCUPATION:

PROPOSED BY: (SIGN & PRINT PLEASE)

SECONDED BY: (SIGN & PRINT PLEASE)

DATE:

APPLICANT'S SIGNATURE:

OFFICE USE ONLY - 3 COMMITTEE MEMBERS TO SIGN:

MEETING DATE:

Invoice Loaded: E-mailed:

Add to Bulk Mail: Sent Letter:

Signed App. to Notice Board: Other:

ENTRANCE FEE and SUBSCRIPTION MUST ACCOMPANY THIS APPLICATION

PLEASE PRINT