



ZIMBALI
COUNTRY CLUB

APPLICATION FOR COMPOSITE MEMBERSHIP

Applicant (Primary Member)	Surname :		Member Card Type required:
	First Name/s :		Handicap : <u>OR</u> Social :
Spouse (Nominee)	First Name :		Handicap : <u>OR</u> Social :
Children (Nominees) (Maximum of 2)	First Name (1) :		Handicap : <u>OR</u> Social :
	First Name (2) :		Handicap : <u>OR</u> Social :
Are you, or your family nominees, members of any other golf clubs?	:	If YES, indicate name of each member and their Club:	
<i>Please Note: One AST (Handicap) card is issued by NGN (National Golf Network) per handicapped golfer countrywide, irrespective of how many clubs the golfer belongs to. If you are handicapped at another club, we will link your membership card for that club to Zimbali Country Club.</i>		NOTE: MEMBERSHIP CARD TYPES: Indicate above right (tick box) whether you require a Handicap card OR a Social membership card for you and each family member. You would only require a Social card if you are handicapped at another Club, or if you are not a golfer, i.e. only one or the other card type is required per member.	
Applicant	ID Number :		
Spouse	ID Number :		
Applicant POSTAL Address	Postal :		
	:		
	:	Post Code:	
Applicant Telephone Numbers	Work :		
	Home :		
	Cell :		
Email Address (ESSENTIAL)	:		
Applicant Date and Place of Birth	Date of Birth :		
	Place of Birth :		
Have you been requested to resign from, or have you been rejected by this or any other club; or has your name ever been withdrawn prior to election? If so, state circumstances and name of club	:		
Profession or Occupation (With precision, please state main occupation and position held) (If retired, state previous profession/occupation)	:		
Name of any person whom ZCC may approach for a character reference	Name :		
	Address :		
	Telephone :		
I confirm that I am liable for the payment of Zimbali Country Club annual subscription fees, payable by 31 January every year. .	Yes	No	
Supplementary Information. (Please state any additional information in support of this Membership Application and any past or present positions held in the community which are not already mentioned)	:		

Signed by the Applicant in confirmation of the foregoing information

Date : _____ Signature : _____

FOR OFFICE USE ONLY

Date submitted to ZCC Membership Director : _____
Date application received : _____