



ZIMBALI
COUNTRY CLUB

APPLICATION FOR NOMINEE'S PLAYING RIGHTS ON MEMBERSHIP

Composite Member Details

Composite Member (Primary Member)	Surname :		
	First Name/s :		
Membership Number and Erf / Plot Number :	Member No. :		Erf No. :

Nominee Details

Nominee (Primary)	Surname :			
	First Name/s :			
	<i>If you are handicapped at another club, please provide the name of that club. If not, please indicate if you would like to be handicapped at Zimbali Country Club so that an AST card can be ordered for you at a cost of R250 per card. (NB: You can only be handicapped at one club in SA.)</i>	Club Name (if applicable):		
		Order me a new AST handicap card for ZCC <input type="checkbox"/> (tick)		
Nominee Spouse	First Name :			
	Other Club / Card Required	Club Name (if applicable):		
		Order me a new AST handicap card for ZCC <input type="checkbox"/> (tick)		
	Nominee Children (Maximum of 2)	First Name (1) :		
Other Club / Card Required		Club Name (if applicable):		
		Order me a new AST handicap card for ZCC <input type="checkbox"/> (tick)		
First Name (2) :				
	Other Club / Card Required	Club Name (if applicable):		
		Order me a new AST handicap card for ZCC <input type="checkbox"/> (tick)		
	Nominee (Primary)	ID Number :		
	Nominee Spouse	ID Number :		
Nominee Address	Residential :			
	Postal :			
		Post Code:		
Nominee Telephone Numbers	Work :			
	Home :			
	Cell :			
Nominee Email Address :				
Have you (nominee) been requested to resign from, or have you been rejected by this or any other club; or has your name ever been withdrawn prior to election?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	:			
Nominee's profession or occupation (With precision, please state main occupation and position held) (If retired, state previous profession/occupation)	:			

Signed by the Nominee in confirmation of the above information

Date : _____

Signature : _____

FOR OFFICE USE ONLY

Date submitted to ZCC Membership Director :

Date application received :