

EYE OF AFRICA
GOLF & LEISURE CLUB



MEMBERSHIP APPLICATION FORM

Completed application forms with accompanying cheque can be delivered to the General Manager or Membership Officer situated at Eye of Africa Golf & Residential Estate: 33 Cayman Road, Alewynspoor, Eikenhof, or paid via EFT to Eye of Africa Golf & Leisure Club, ABSA Corporate, Account Number: 407 632 5690, Branch Code: 630432, please use your full name as a reference.

Type of Membership you are applying for (please tick applicable box)

- Full Membership
- Junior Membership
- Student Membership
- Senior Membership
- Founder Membership
- Family Membership
- Full Membership (non-resident)

ID Number				
Title (Dr / Prof / Mr / Mrs / Ms / Mr & Mrs)			Joining	Subscriptions
First Name(s)			R	R
Surname				
Spouse / Partner	ID Number	Cell	R	R
First Name Child 1	ID Number	Cell	R	R
First Name Child 2	ID Number	Cell	R	R
Please make cheque payable to Eye of Africa Developments (Pty) Ltd			TOTAL	R

Physical Address

Postal Code

Postal Address

Postal Code

Home Telephone Business Telephone

Fax Cellphone

E-mail

Occupation

Stand Number

What other Memberships do you or your family hold?

Handicaps	Primary Member		Spouse		Child 1		Child 2	
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Signature Date

If elected to Membership, I hereby agree to fully abide by the constitution, rules and regulations of Eye of Africa Golf & Residential Estate. I agree to pay the abovementioned fees upon submitting this application and accept that this is not refundable if this application is accepted. In addition I accept that the annual subscription fee is due and payable on a 12 month basis in advance. Memberships run from 1 April to 31 March each year. - if joining during the year, fees are payable proportionately.