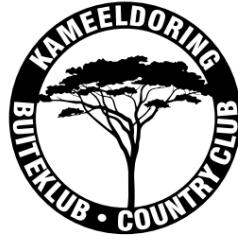


Kameeldoring Country Club

H.F. Verwoerd St.
Mokopane
0600

Tel: 015 491 5563 Cell: 066 287 2250
Mail: manager@kameeldoringcc.co.za
Web: www.kameeldoringcountryclub.co.za



APPLICATION FOR MEMBERSHIP 2026

I, the undersigned, hereby apply for membership at the **KAMEELDORING COUNTRY CLUB** and undertake to obey the **RULES and CONSTITUTION** of the club. I confirm that I will be liable for payment of the annual membership fees and that if I resign as a member of the club after **31 March** of any year, I will be liable for the full annual membership fees of that specific year. I confirm that if I am at any time in **arrears** with payment of any annual and/or monthly fees, all benefits that I may enjoy as club member and in terms of the Constitution will be **suspended** after receipt of a written notice by the management. An approved club member's annual membership will automatically be extended for every year until a member's resignation is tendered in writing, alternatively, if the member receive written termination of his membership by the golf committee.

Full Name & Surname :

Nickname :

ID NO.

Date of Birth:

Home Address :

Email Adress :

Occupation / Employer:

Cell Number

Type of Membership : Full Playing Junior Ladies Senior Country Social SAGA

Junior and parent is a Member

Name and Surname of Parent/Member :

If currently / previously member at another club:

Name of Club:

Player ID:

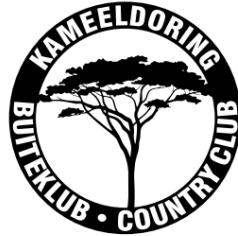
SIGNATURE APPLICANT

DATE

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PLEASE NOTE PRO RATA FEES ONLY CALCULATED FROM JUNE

ANNUAL FEES PAYABLE FOR 2026

Men	R 4 695
Ladies	R 2 675
Juniors	R 1 350
Ladies whose spouse is a member	R 1 425
Junior whose parent is a member	R 995
Pensioner 65 +	R 1 400
SAGA Member Only	R 1 550
Country Member Only	R 2 165
Social Member	R 1 450
SAGA HNA CARD/ Discount Card Not included	R 200

OFFICE USE ONLY:

Membership Type	
Player Trf Request -	
Completed Application	
SAGA No.	
Clubmaster	
Pastel Acc no.	
Pastel Quotation	
Pastel Invoice	
Payment Received	
HNA Card Ordered	
Wapp Group Added	