MEMBERSHIP

NNESBURG

Office use

Member

Number

Membership Application Form	EST. 1890
Date : Member numbe	r: Office use only
Have you been a member of Royal previously:	No Occupation:
Do you wish to receive marketing material from RJKGC: Yes	No Car Registration:
Member Information Please circle your selection below	
Member Full Name : ID Numb	oer / Passport:
Title:	
Contact Number (Cell) : E-Mail	:
Residential Address :	
	2
Postal Address :	
	441
Gender: Male Female N/A Date Of Birt	:h :
Yes No	additional application form is required, for the will be sent on request should you wish to make
	n during the explore period.
Do you currently have an active HNA profile? Yes/ No Would you lil	ke to move your HNA profile to Royal? Yes/ No
Ordinary 6 Day 5 Day 5 Day AM Senior Interim (3	30 -35 years) Interim (20 -29 years)
Student Junior Graduate Country Social So	ocial 60+ Golf Pro Merit
Non permanent resident 9 Hole Junior 9 H	Hole Gauteng Senior
Unlimited Rounds 52 Rounds 26 Rounds	12 Rounds Pay as you play
Debit Order Once	e off
Name: E-Mail :	b. 922
Medical Aid Aid : Number :	Contact Number:
Please send completed form through to : <u>mem</u> <u>www.royaljk.co.za 011 640 3021 @ro</u>	
Disclaimer	
Upon acceptance of membership, I shall be bound by the Constitution and Johannesburg. I hereby acknowledge that the Royal Johannesburg is not res family or my guests when using the facilities and I indemnify Royal Johannesl	ponsible for any loss or injury sustained by me, my
Date : Applicant Signati	ure:

Approval Signature

Yes