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DEFENCE (WP)/103/13/2/13
Defence (WP) Golf Club
Private Bag X4
Wynberg
7824
1 January 2025

DEFENCE (WP) GOLF CLUB: NEW MEMBERSHIP / REGISTRATION 2025

1. The Defence (WP) Golf Club membership fees for 2025 are as follows for the respective categories of membership:

FULL HANDICAPPED MEMBERSHIP

Military: R 1 950.00 Ex/Non Mil: R 1 970.00

AFFILIATED MEMBERSHIP

Military: R 1 150.00 Ex/Non Mil: R 1 170.00

2. Membership is payable **01 January 2025** but a grace period is given to the first league game of 2025.
3. Request for payment of membership over 2 months can be submitted to the Committee, **first instalment before commencement of first league game** and last instalment payable by the **28 February 2025**. Defaulting with payment agreement may result in **R350.00** reregistering penalty.
4. **The completed registration form is to be handed to the respective Arms of Service Representatives**, when reregistering. Payment is to be made to **CTMSC**.

(A.C. KRIGER)
CHAIRPERSON DEFENCE (WP) GOLF CLUB: CAPT (SAN)

DEFENCE (WP) GOLF CLUB: MEMBERSHIP 2025

New:	<input style="width:50px; height:20px;" type="text"/>	Renewal:	<input style="width:50px; height:20px;" type="text"/>
Full Member:	<input style="width:50px; height:20px;" type="text"/>	Affiliated Member:	<input style="width:50px; height:20px;" type="text"/>
Amount:	Date of Payment:

Request for payment of membership over two months, with written approval to pay as follows:

15 January 2025:	<input style="width:50px; height:20px;" type="text"/>	28 February 2025:	<input style="width:50px; height:20px;" type="text"/>
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<p>NEW APPLICATIONS:</p> <p>DO NOT PAY BEFORE MEMBERSHIP IS APPROVED</p>	<p>NEW APPLICATIONS: DO NOT PAY BEFORE YOU ARE INFORMED THAT YOUR MEMBERSHIP IS APPROVED</p> <p>CTMSC FNB Plumbstead Cheque Account No: 624 878 43908 Branch Code: 201 109 Fax proof of payment to your Arms of Service Representative Note!!! Clearly state Initial, Surname, Golf on deposit</p>
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No:	Initial and Surname:
Title (Dr, Mr):	Date of Birth:
RSA ID:	Arms of Service:
Unit/Business:	Tel (W):
Tel (H):	Cell:
E-mail	

I hereby declare myself to be fully acquainted and shall abide by the rules and regulations of the Club in terms of the Constitution

SIGNATURE: DATE:

(Submit Registration Form to the Arms Of Service Representative, once completed)

Signature of Arms of Service Representative:

Signature of Treasurer:

TO BE COMPLETED BY AFFILIATED MEMBERS

At which club are you a member? Current Handicap:

Home Golf Club Fax No:

Tel No: Fax No: