

**PORT EDWARD COUNTRY CLUB
MEMBERSHIP APPLICATION 2023**

**PO BOX 70
PORT EDWARD
4295
TEL/FAX: 0393112589
EMAIL: pecc@webafrica.org.za**

I the undersigned apply for Single Senior Membership of the Abovementioned club

Date: _____

Full name: _____ **Full name:** _____

Tel: _____ **Cell:** _____

Fax / email: _____

Postal address: _____ **Postal code:** _____

Id no: _____

Date of birth: _____

Golf club at which you are affiliated and handicapped: _____

Present handicap: _____

Which subsection do you wish to belong to: Golf _____

Signature of applicant: _____

Proposer: _____ **Seconder:** _____

Chairman: _____

Committee: _____

**ABSA Bank, Margate
Account No. 4073921954 (cheque a/c)**

