



APPLICATION FOR MEMBERSHIP

The General Manager Chapman Golf Club P.O. Box HG 153, Highlands Harare, Zimbabwe Tel: 747328, 747487

Fax: 747969, Direct: 746594 email: chapman@zol.co.zw

FULL NAME: MR/MRS/MISS				
RESIDENTIAL ADDRESS:			l l	
			TELEPHONE NUMBERS Home	
OCCUPATION:				
NAME OF BUSINESS/ EMPLOYERS:			Business	
BUSINESS ADDRESS:			Cell	
INDICATE WHICH OF THE ABOVE ADDRESSES IS TO BE USED FOR CORRESPONDENCE:			E-mail	
I hereby apply forbe handicapped	Membership of	the Chapman Golf Clu	b, at which I also wish/do not wish to	
Date of birth				
I have been a member of the follow	ving Golf Clubs:			
PLA	CE	from	to	
PLA	CE	from	to	
I have/have not been suspended o	r refused membership from a	any Club. If you have, p	please give details on a seperate letter.	
My ourrent handigen is	My lowest over hence	lioon was		
My current handicap is	wiy lowest ever flanc	лсар was	Signature of applicant	
The following FULL MEMBERS of	of the club who are handica	pped at Chapman hav	ve agreed to sponsor my application:	
ROPOSER(Block Letters)		SECONDER	SECONDER(Block Letters)	
have known the applicant foryears.		I have known the	I have known the applicant foryears.	
Signature: Date		Signature:	Date	
			st two years. They are responsible to ensure in over one month to avoid delay in approval.	
	Office U	<u>Jse</u>		
General Manager's Signature:	Captain's Signature:			
Date Placed on Board:	Date joined:		Membership No.:	
Subscription Amount: \$	Receipt No.:		Amount paid: \$	
Membership Letter sent:	Club Diary	/:	Club Constitution	
Rules Book:	Induction:			