



EYE OF AFRICA DEVELOPMENTS PROPRIETARY LIMITED

Corporate Membership Application Form

COMPANY INVOICE DETAILS:

Company Name: _____

VAT Number: _____ Registration Number: _____

Postal Address: _____

_____ Postal Code: _____

Physical Address: _____

_____ Postal Code: _____

Preferred address to be used on invoicing: Postal Physical

Email Address: _____

Membership Option: Bronze Silver Gold Platinum

Additional Membership: Yes No (Page 2 only applicable if selected Yes)

SIGNATURE:

DATE:



EYE OF AFRICA DEVELOPMENTS PROPRIETARY LIMITED

Golf Membership Application Form

MEMBER 1 DETAILS:

Membership Number: _____

First Name: _____ Surname: _____

ID Number: _____ Gender: M F

Do you require being handicapped at EoA: Yes No Handicap Index: _____

Club Currently Handicapped At: _____

Mobile Number: _____

Email Address: _____

MEMBER 2 DETAILS:

Membership Number: _____

First Name: _____ Surname: _____

ID Number: _____ Gender: M F

Do you require being handicapped at EoA: Yes No Handicap Index: _____

Club Currently Handicapped At: _____

Mobile Number: _____

Email Address: _____

MEMBER 3 DETAILS:

Membership Number: _____

First Name: _____ Surname: _____

ID Number: _____ Gender: M F

Do you require being handicapped at EoA: Yes No Handicap Index: _____

Club Currently Handicapped At: _____

Mobile Number: _____

Email Address: _____

MEMBER 4 DETAILS:

Membership Number: _____

First Name: _____ Surname: _____

ID Number: _____ Gender: M F

Do you require being handicapped at EoA: Yes No Handicap Index: _____

Club Currently Handicapped At: _____

Mobile Number: _____

Email Address: _____