



APPLICATION FOR CORPORATE MEMBERSHIP

Company Name	Contact Person
Postal Address	
Physical Address	
Telephone Number	Fax number
Cell Number	
E-Mail Address	Joining Date
Signature	Date

Return your completed application to Killarney Country Club.

TEL: (011) 442 3880, FAX: (011) 447 5430,

E-mail: info@killarneycc.co.za

Kindly furnish full particulars of all company employees joining the Killarney Country Club Corporate Membership Package.

1. Surname.	
First names.	
Position in company.	
Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap.	
Spouse name / Cell / ID number	

2. Surname.	
First names.	
Position in company.	
Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap.	
Spouse name / Cell / ID number	

3. Surname.
First names.
Position in company.



Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap.	
Spouse name/ Cell / ID number	

4. Surname.	
First names.	
Position in company.	
Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap.	
Spouse name / Cell / ID number	

5. Surname.	
First names.	
Position in company.	
Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap.	
Spouse name / Cell / ID number	

6. Surname.	
First names.	
Position in company	
Tel - W	email
Tel - H	
Cell	
ID number.	
Handicap	
Spouse name / Cell / ID number	

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