

To MTÜ Rae Golfklubi management board



Name:  
Surname:  
Personal ID:  
Phone:  
e-mail:  
Address:

ZIP code:  
Citizenship:  
If minor, name and  
e-mail of the  
representative:

### APPLICATION

Please accept me as a member of the MTÜ Rae Golfklubi. I hereby confirm:

1. I am interested in achieving the objectives of the Rae Golfklubi (hereinafter the Club);
2. I acknowledge the provisions of the Club's Articles of Association, the House Rules of Rae Golf and the Club, and other rules and regulations established by the Club, as well as the Rules of Golf set by The R&A Rules Ltd. and the USGA, and the principles of fair play;
3. I will make payments in accordance with the Club's Articles of Association and the procedures established by the competent body of the Club;
4. By becoming a member of the Club, **I WISH**      **/DO NOT WANT**      (make a mark in the appropriate box) that Rae Golfklubi to my home club and administrate my WHS Handicap Index and I'll represent Rae Golfklubi in competitions;
5. My current HCPI is \_\_\_\_\_ (exact HCPI).

Club membership becomes effective upon receipt of the seasonal membership fee set by the Club's management board.

I confirm,

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(signature and date)