



2019/20 INDIVIDUAL MEMBERSHIP FORM

TO BE COMPLETED FOR MEMBERSHIP TO THE IGT CHALLENGE TOUR

SURNAME			
NAME			
KNOWN AS			TITLE:
DATE OF BIRTH	DAY	MONTH	YEAR
(Country Flag on web) NATIONALITY			
(For Press releases) HOME TOWN			
(Upcoming events & Admin) CELL			
(Upcoming events) CELL 2 (Optional) e.g. Parent			
(Tee times, Results & News sent to email ONLY) EMAIL			
(Tee times, Results & News sent to email ONLY) EMAIL 2 (Optional) e.g. Parent			
PLAY AS PRO OR AMATEUR	PRO <input type="checkbox"/>	AMATEUR <input type="checkbox"/>	
GOLF CLUB if any			
ACADEMY OR SPONSOR if any			

ANNUAL FEE 1 April 2019 to 31 March 2020

All applications for Membership must be accompanied by payment of annual fee as set out below before membership activation. (Non-members receive no Order of Merit points & pay Non-member Tournament Fee)

Please tick appropriate;

Option 1

R1600 if paid before 31 March 2019

Option 2

R2000 if paid after 1 April 2019

IGT Bank Details: Please include **YOUR NAME** as reference
 Beneficiary: IGTGolf
 Bank: FNB Account No.: 62284422046
 Branch Code: 251141
 Branch: Clearwater Account: Current

Email to admin@igtgolf.org or FAX THIS PAGE TO 086 608 4653

I agree to abide by the Rules, Regulations and Constitution of the IGT Pro Tour and by any changes made and notified to me. I hereby authorise that the particulars contained in this application may be used at the discretion of the IGT Pro Tour.

Signed: _____

DATE: _____

IGT USE ONLY --	MEMBERSHIP PAID:	Membership #
DATE RECEIVED: _____	TENDER: _____	#: _____