



## 2009 SUNSHINE TOUR APPLICATION FOR TEMPORARY MEMBERSHIP

(Association incorporated under section 21)  
("the Company or Southern Africa Tour")

I, \_\_\_\_\_ (full name) the undersigned being an eligible person hereby apply for temporary membership of the Southern Africa Tour and acknowledge, consent and agree to the following:

1. I acknowledge that I am aware of the contents of the Articles of Association of the Company and that a copy of such Articles of Association will be supplied to me on request.
2. I agree to pay the annual membership subscription fee as determined by the Company from time to time
3. I acknowledge the sole authority of the Chief Executive, Tournament Director, Board of Directors and Players Committee of the Southern Africa Tour to establish the Tournament Rules and conditions as published in the annual Members' General Regulations of the Sunshine Tour, and agree to abide by these regulations and any amendments made to them from time to time.
4. I accept that any tournament in which I participate I will abide by the decisions of the Chief Executive, Tournament Director, Board of Directors and Players Committee or any other authorised persons.
5. I will conduct myself in accordance with the Code of Behaviour of the Southern Africa Tour.
6. I hereby acknowledge that all television, radio, print, motion picture, electronic media rights, statistical data and all similar rights in all events forming part of the Sunshine Tour or any other event run in conjunction with, or under the auspices of the Company, are assigned to the Company and I hereby agree to assign any such rights to the Company to the extent that any such rights may vest in me personally. I agree to refrain from any action, which will interfere with the Company's ownership rights hereunder. I acknowledge that the Company is hereby authorised to broadcast, display, publish or otherwise exhibit all or any proceedings at any tournament including any happenings or events relating thereto.

Player's Signature: ..... Date:.....

**PLEASE COMPLETE THE FOLLOWING FORM AND FAX IT  
BACK TO THE MEMBERSHIP DEPARTMENT AT YOUR  
EARLIEST CONVENIENCE.  
FAX NUMBER +27 (0) 21 852 8271**

NAME: .....

DATE OF BIRTH: .....

POSTAL ADDRESS: .....

.....

.....

.....

PHONE: .....

FAX: .....

MOBILE: .....

E-MAIL: .....

ATTACHMENT: .....

BANKING DETAILS:

BANK: .....

ACC #: .....

BRANCH & BRANCH #: .....

PLEASE NOTIFY THE MEMBERSHIP DEPARTMENT OF ANY CHANGE OF ADDRESS OR  
CONTACT NUMBER. THANK YOU