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MEMBERSHIP APPLICATION/DEMANDE D'ADHESION

NAME/NOM: _____

Main Residence/Résidence Principale:

Street/Rue _____ Apt. No. _____

Postal Code _____

City/Ville _____ Postal _____

Tel.: Home /Maison _____ Office / Bureau: _____

Cell: _____

Date de naissance / Birthdate _____

email 1: _____

email 2: _____

Golf Experience de golf: _____

Handicap: _____ Golf Canada _____

Other Clubs/Autres Clubs: _____

Other family member golfers/Autres membres de la famille, golfeurs

Signature: _____

Application Date de la demande _____

Received Date de réception:	_____
Board Approval Date d'Approbation du C.A.:	_____
Signature:	_____