



Application for membership

Member # _____
WHEN APPROVED

Applicant's Full Name: _____ Date of Birth: _____, _____, _____
Spouse's Full Name: _____ Date of Birth: _____, _____, _____
Children's Full Name(s): _____ Date of Birth: _____, _____, _____
_____ Date of Birth: _____, _____, _____
_____ Date of Birth: _____, _____, _____

Home Address: _____
City: _____ Postal Code: _____ Home Phone: _____ - _____ - _____
Business Name: _____ Occupation: _____
Business Address: _____ Fax: _____ - _____ - _____
City: _____ Postal Code: _____ Business Phone: _____ - _____ - _____

Billing Address: Home Business Email Address: _____
Credit Card: Master Card Visa Card Number _____
Expiry Date: _____ - _____

MEMBERSHIP APPLICATION CATEGORY

Senior Golf Intermediate Golf Junior Golf Corporate Golf Golf Waitlist
Curling Social Bridge Social Cataraqui Diners Club

Proposed:

By signing as the Proposer I acknowledge that the applicant is fully aware of club policies and activities to the best of my knowledge.

Proposed by: _____ Signature: _____ AC# _____

Seconded:

By signing as the Seconder I acknowledge that the applicant is fully aware of club policies and activities to the best of my knowledge.

Seconded by: _____ Signature: _____ AC# _____



Certification:

I certify that the information contained in this application and any future information provided to the Catarqui Golf and Country Club Limited is true, complete and correct. If accepted to membership, I agree, on behalf of all persons concerned with my membership to pay all fees, accounts and assessments at the times prescribed and to accept, abide by and be governed by the By-Laws and Rules and Regulations of the Club. I agree that any breach by me of any of the foregoing is grounds for termination of my membership and that in such event, I shall not be entitled to any refund of fees or dues paid. I understand and agree that all accounts are due and payable upon receipt of monthly statement and that past due balances of 90 days will be charged to one of VISA or MASTERCARD. I understand and agree that entrance fees and deposits are non-refundable. All fees are subject to change without notice.

This application cannot be presented to the Club's Board of Directors for consideration unless it is completed in full and initial payment is attached. Terms and conditions subject to change without notice.

I agree to pay my golf fees in twelve monthly installments from October to September.
(Golf and Curling Association dues may be payable in addition to regular Club dues.)

I hereby declare all of the above information to be correct.

Signature of Applicant: _____ Date: _____

Other Club Affiliations: _____

FOR OFFICE USE ONLY

Date: _____

Entrance Fee: _____

Annual Dues: _____

Share: _____

Deposit (date paid): _____ (_____)

Balance Owing: _____

Promissory Note Fully Completed: _____ / _____ / _____
MO/DD/YR

Minimum Chit Plan # 1 2 3 4 5 6

Locker #: _____ Application Posted: _____

Membership Set Up: _____

Office Notations: _____

A/R Clerk: _____



Authorization to Release Information

Member's Name _____ Member # _____

I request and authorize Catarauqui Golf and Country Club to release the following information of the member named below:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone #: (_____) _____ Business #: (_____) _____

E-mail: _____

This request and authorization applies to:

- The Club Roster & Handbook
- 'Member Only' sections of the club website
- Bulletin boards and Internal advertising
- GAO and the OCA

Release:

By signing below, I hereby allow the Catarauqui Golf and Country Club to publish annually, until at such time whereby my consent is retracted in writing, information including telephone numbers, addresses, and e-mail addresses to other members of the club for their personal use only.

Member's signature: _____ Date: _____

This authorization remains in effect until rescinded in writing