

Kingsville Golf & Country Club

Membership Application

Family Name

First Name

Date of Birth

HOME ADDRESS:

Street

City

Postal Code

Home Phone #

Cell Phone #

Email Address

BUSINESS ADDRESS:

Street

City

Postal Code

Phone #

Occupation

Email Address

SPOUSE:

Family Name

First Name

Date of Birth

BUSINESS ADDRESS:

Street

City

Postal Code

Phone #

Occupation

Email Address

Proposed by: _____

(must be current Kingsville Golf & Country Club Member)

Status of Recommendation Letter:

Attached

To be forwarded

MEMBERSHIP CATEGORY

	SINGLE	COUPLE
Unlimited Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>
Limited Allows play Monday to Friday only and excludes Canadian Holidays	<input type="checkbox"/>	<input type="checkbox"/>
*Intermediate (age 19 - 24): Allows play any day (age as of March 31 st)	<input type="checkbox"/>	<input type="checkbox"/>
*Sr. Intermediate (age 25 - 29) Allows play any day (age as of March 31 st)	<input type="checkbox"/>	<input type="checkbox"/>
*Young Adult (age 30 - 34) Allows play any day (age as of March 31 st)	<input type="checkbox"/>	<input type="checkbox"/>
*Junior (age 18 years and younger) Allows play Monday to Friday & weekends after 3 pm (age as of March 31 st)	<input type="checkbox"/>	<input type="checkbox"/>

**BIRTH CERTIFICATE REQUIRED*

INITIATION FEE PAYMENT OPTIONS

Prepay Plan

4 Year Plan

7 Year Plan

***INITIATION FEES ARE NON-REFUNDABLE*

Deposit	Single	<input type="checkbox"/>	\$750.00
	Couple	<input type="checkbox"/>	\$1,200.00

SPONSOR CREDIT

Member Name 1. _____ 2. _____

Please choose your preferred payment choice:

	Monthly Account	Dues & Initiation Fee
Credit Card (visa or MasterCard)	<input type="checkbox"/>	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	<input type="checkbox"/>
Debit	<input type="checkbox"/>	<input type="checkbox"/>
Internet Banking	<input type="checkbox"/>	<input type="checkbox"/>

GOLF ACTIVITY

How often do you usually play golf on a weekly basis? _____

Preferred day of the week to play? _____

If you play Saturday & Sunday, do you prefer: morning _____ or afternoon _____

If you play through the week, do you prefer: morning _____ or afternoon _____

Kingsville Golf & Country Club reserves the right to reject an applicant or suspend a member, if in the opinion of the Board of Directors, the conduct of such an applicant or member is not in keeping with standards set by the Club.

This application is subject to review by the Membership Committee and final approval by the Board of Directors.

Date completed by the Applicant: _____

Applicant's signature: _____

*I understand I am financially responsible for payment of **Monthly Account, Annual Dues & Initiation Fees.***

I agree to the terms & conditions of the membership contract.

All applications should be forwarded with your cheque covering the required deposit to:

**Kingsville Golf & Country Club
640 County Road 20 West
Kingsville, ON
N9Y 2E6**

Attention: Chairman, Membership Committee

For further information please contact the Administration Office at:
Tel: (519) 733-6561 ext. 10
Fax: (519) 733-8617
Email: office@kingsvillegolf.com

