



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/Referred by:

Recommendation Letter:

Attached

To be forwarded

MEMBERSHIP CATEGORY

	SINGLE	COUPLE	TRIAL
<u>Unlimited</u> Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Limited</u> Allows play Monday to Friday only and excludes Canadian Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>*Intermediate (age 19 – 26)</u> Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>*Senior Intermediate (age 27-34)</u> Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>*Young Adult (age 35-43)</u> Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>*Mid Adult (age 44-49)</u> Allows play any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** AGES ARE AS OF MARCH 31ST. BIRTH CERTIFICATE REQUIRED.*

Deposit

Single (19-49)	\$500	<input type="checkbox"/>
Single Adult (50 and up)	\$750	<input type="checkbox"/>
Couple (19-49)	\$900	<input type="checkbox"/>
Couple (50 and up)	\$1,200	

CAPITAL CONTRIBUTION PAYMENT (PAYABLE BEGINNING AT AGE 50)

<u>Options</u>	<u>Payment Monthly</u>	<u># of months</u>	<u>Amount</u>
<u>Single Membership</u>			
1 Year	\$437.50	8	\$3,500
5 Year	\$162.50 for 8 months for 5 years (billed with yearly dues)		\$6,500
<u>Couple Membership:</u>			
1 Year	\$875.00	8	\$7,000
5 Year	\$325.00 for 8 months for 5 years (billed with yearly dues)		\$13,000

Please choose your preferred payment choice:

	Monthly Account	Dues & Capital Contribution
Cheque	<input type="text"/>	<input type="text"/>
Debit	<input type="text"/>	<input type="text"/>
Internet Banking	<input type="text"/>	<input type="text"/>

PERKS FOR NEW MEMBERS

<u>NEW ADULT/MID ADULT MEMBERSHIP</u>	<u>INTERMEDIATE & YOUNG ADULT (19-43 YRS)</u>
Bag Tag Issued _____	Bag Tag Issued _____
Picture Taken _____	Picture Taken _____
One Year Free Club Storage _____	Range Credits _____
One Year Free 1/2 Locker _____	

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 & Capital Contribution**. I consent to email/ electronic communications from Kingsville Golf.*

I acknowledge receipt of the Membership Services Booklet.

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

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

Attention: Chairman, Membership Committee

For further information please contact the Administration Office at:

Tel: (519) 733-6561 ext. 123

Fax: (519) 733-6052

Email: office@kingsvillegolf.com

