



Hillsdale
PERSONAL INFORMATION

APPLICATION FORM
2018 MEMBERSHIP PROGRAM

TO BE FILLED OUT BY APPLICANT ONLY

MEMBERSHIP CATEGORY: _____

<p>MEMBER</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth : D M Y _____ / _____ / _____</p> <p>Company: _____</p> <p>Co. Activity Description : _____</p> <p>Title: _____</p> <p>Since: _____ or ____ year(s)</p> <p>Office Address: _____</p> <p>Office Phone #: _____</p> <p>Office Email: _____</p> <p>Home Address: _____</p> <p>Home Phone #: _____</p> <p>Home Email: _____</p> <p>Mobile Phone #: _____</p> <p>Already been a golf club member? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p>	<p>SPOUSE REGULAR PLAYER <input type="checkbox"/> OR BEGINNER I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth : D M Y _____ / _____ / _____</p> <p>Company: _____</p> <p>Co. Activity Description : _____</p> <p>Title: _____</p> <p>Since: _____ or ____ year(s)</p> <p>Office Address: _____</p> <p>Office Phone #: _____</p> <p>Office Email: _____</p> <p>Home Address: _____</p> <p>Home Phone #: _____</p> <p>Home Email: _____</p> <p>Mobile Phone #: _____</p> <p>Already been a golf club member? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p>
<p>CHILD</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth : D M Y _____ / _____ / _____</p> <p>Already been a golf club member? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please join proof of studentship for student from 18 to 25 years old.</p>	<p>CHILD</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date de Birth: D M Y _____ / _____ / _____</p> <p>Already been a golf club member? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please join proof of studentship for student from 18 to 25 years old.</p>

SPONSORED BY (If you are sponsored: Separate letters of recommendation – Members of Hillsdale)

	First and Last Name	# Years	Relationship	Telephone #
Sponsor	_____	_____	_____	_____
Secondar	_____	_____	_____	_____

REFERENCES (if you are not sponsored, please identify two references)

1 st Reference	_____	_____	_____	_____
2 nd Reference	_____	_____	_____	_____

CHARITABLE CONTRIBUTIONS (use separate sheet if necessary)

Annual Contributions (Please itemize) 20 _____

(A) _____ \$ _____

(B) _____ \$ _____

(C) _____ \$ _____

(D) Spouse's Contribution \$ _____

COMMUNITY ACTIVITIES & INVOLVEMENT

Please indicate the communication method you prefer:

		Statement of Account	Others
Home	- Email	<input type="checkbox"/>	<input type="checkbox"/>
	- Regular Mail	<input type="checkbox"/>	<input type="checkbox"/>
Business	- Email	<input type="checkbox"/>	<input type="checkbox"/>
	- Regular Mail	<input type="checkbox"/>	<input type="checkbox"/>

Available Payment Options: Online via your bank account, by regular mail or on site at Hillsdale office.

Do you agree that the following information can be published? (Ex. Members directory,...)?

		Private	Public
First and Last Names		<input type="checkbox"/>	<input type="checkbox"/>
Tel. #	- Home	<input type="checkbox"/>	<input type="checkbox"/>
	- Business	<input type="checkbox"/>	<input type="checkbox"/>
	- Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Email	- Home	<input type="checkbox"/>	<input type="checkbox"/>
	- Business	<input type="checkbox"/>	<input type="checkbox"/>

- I would like to receive my monthly statement at my business address.
- I would like to receive my correspondence in English.
- J'aimerais recevoir toute correspondance en français.
- In order to comply with the new Canadian Anti-Spam Legislation I, hereby, agree to receive newsletters and Hillsdale Golf Club upcoming events documentation by email. (You may withdraw your consent at any time.)

I, undersigned _____ (please print), elect to join Hillsdale Golf Club under the 2017 _____ membership program.

AND I HAVE SIGNED THIS _____ DAY OF _____, 2017. _____
Applicant's signature

Where did you hear from us?

- | | |
|--|--|
| <input type="checkbox"/> 2011 CN Canadian Women's Open | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> The Gazette | <input type="checkbox"/> Hillsdale Web Site |
| <input type="checkbox"/> The Canadian Jewish News | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> The Suburban | <input type="checkbox"/> Outside Tournament |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Hillsdale Member |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Reciprocity Agreement |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> As a guest |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other(s) : _____ |
| <input type="checkbox"/> Expogolf Montreal | |