



Hillsdale
CLUB DE GOLF CLUB

APPLICATION FORM 2019 MEMBERSHIP PROGRAM

TO BE FILLED OUT BY APPLICANT ONLY

MEMBERSHIP CATEGORY: _____

PERSONAL INFORMATION

<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>Are you presently a member at a club? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please specify names of previous clubs: _____ _____ _____</p> <p>Golf Canada Member #: _____</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>Are you presently a member at a club? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please specify names of previous clubs: _____ _____ _____</p> <p>Golf Canada Member #: _____</p>
<p>CHILD Please join proof of studentship for student from 18 to 25 years old.</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth : D M Y _____ / _____ / _____</p>	<p>CHILD Please join proof of studentship for student from 18 to 25 years old.</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth : D M Y _____ / _____ / _____</p>

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

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

REFERENCES Please identify two references and provide one reference letter

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

COMMUNITY ACTIVITIES & INVOLVEMENT

Please indicate the communication method you prefer:

		Statement of Account	Others
Home	- Email	<input type="checkbox"/>	<input type="checkbox"/>
Business	- Email	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____			

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

- 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 2019 _____ membership program.

SIGNED THIS ____ DAY OF _____

Applicant's signature

Spouse's signature (if applicable)

Where did you hear from us?

- | | |
|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Hillsdale Web Site |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Outside Tournament |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Hillsdale Member |
| <input type="checkbox"/> As a guest | <input type="checkbox"/> Other(s) : _____ |
| <input type="checkbox"/> Mailing | |