



Hillsdale
PERSONAL INFORMATION

APPLICATION FORM 2019 MEMBERSHIP PROGRAM

TO BE FILLED OUT BY APPLICANT ONLY

MEMBERSHIP CATEGORY: _____

MEMBER	SPOUSE REGULAR PLAYER <input type="checkbox"/> OR BEGINNER I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Date of Birth : D M Y _____ / _____ / _____	Date of Birth : D M Y _____ / _____ / _____
Company: _____	Company: _____
Co. Activity Description : _____	Co. Activity Description : _____
Title: _____	Title: _____
Since: _____ or ____ year(s)	Since: _____ or ____ year(s)
Office Address: _____ _____	Office Address: _____ _____
Office Phone #: _____	Office Phone #: _____
Office Email: _____	Office Email: _____
Home Address: _____ _____	Home Address: _____ _____
Home Phone #: _____	Home Phone #: _____
Home Email: _____	Home Email: _____
Mobile Phone #: _____	Mobile Phone #: _____
Are you presently a member at a club? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____	Are you presently a member at a club? <input type="checkbox"/> YES <input type="checkbox"/> NO Handicap: _____
If YES, please specify the Club's name: _____	If YES, please specify the Club's name: _____
Please specify names of previous clubs: _____ _____	Please specify names of previous clubs: _____ _____
Golf Canada Member #: _____	Golf Canada Member #: _____

CHILD Please join proof of studentship for student from 18 to 25 years old.	CHILD Please join proof of studentship for student from 18 to 25 years old.
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Date of Birth : D M Y _____ / _____ / _____	Date of Birth : D M Y _____ / _____ / _____

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.)

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"/>

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 | |

TO BE COMPLETED AFTER ACCEPTANCE BY THE BOARD OF DIRECTORS:

I, the undersigned _____ (please print), have read and understood Hillsdale Golf Club's by-laws including my obligations regarding special dues as of the _____ season and elect to join Hillsdale Golf Club under the _____ membership program.

SIGNED THIS ____ DAY OF _____

Applicant's signature