



Membership Application Form

THE ST. THOMAS GOLF AND COUNTRY CLUB

PO Box 587, St.Thomas, Ontario, N5P 4B1 www.stthomasgolf.com Phone: (519) 631-4800

PERSONAL INFORMATION

*Mandatory Field

*Dr. Mr. Ms. Mrs. Miss.

*Name: _____ *Date of Birth: _____ *Social Insurance #: _____ - _____ - _____

MM/DD/YY

*Address: _____ *City: _____ *Province: _____ *Postal Code: _____

*Phone #: _____ *Cell Phone #: _____

*Email Address: _____

Occupation: _____ Employer's Name: _____

Business Address: _____

Business Phone #: _____ Ext: _____

Preferred Method of Contact: _____ Email _____ Mail

SPOUSAL INFORMATION

Name: _____ Date of Birth: _____

MM/DD/YY

DEPENDENT INFORMATION

1. Name: _____ Date of Birth: _____

MM/DD/YY

2. Name: _____ Date of Birth: _____

MM/DD/YY

3. Name: _____ Date of Birth: _____

MM/DD/YY

GOLF INFORMATION

*Membership Category Requested: _____ Spousal Category: _____

*Would you like a locker? _____ YES _____ NO *Would you like a payment plan? _____ YES _____ NO

*Would you like hole in one insurance? _____ YES _____ NO

IF ELECTED TO MEMBERSHIP, I AND MY DEPENDENTS AGREE TO PAY ALL FEES AND ACCOUNTS AS PRESCRIBED AND TO ACCEPT, ABIDE AND BE GOVERNED BY THE BYLAWS, RULES AND REGULATIONS OF THE ST. THOMAS GOLF & COUNTRY CLUB, LIMITED. I ALSO AGREE TO PAY THE UNPAID PORTION OF MY MINIMUM HOUSE ACCOUNT WHEN AND IF I CEASE TO BE A MEMBER OF THE ST. THOMAS GOLF & COUNTRY CLUB, LIMITED. I CONSENT TO THE OBTAINING OF SUCH PERSONAL OR CREDIT INFORMATION THAT THE CLUB MAY REQUIRE AT ANY TIME IN CONNECTION WITH MY MEMBERSHIP FOR ST. THOMAS GOLF & COUNTRY CLUB, LIMITED AND FURTHER CONSENT TO THE DISCLOSURE OF ANY INFORMATION CONCERNING MY MEMBERSHIP TO ANY REPORTING AGENCY OR ANY PERSON WITH WHOM I HAVE OR PROPOSE TO HAVE ANY FINANCIAL RELATIONS. I UNDERSTAND THAT THE INTEREST RATE ON OVERDUE ACCOUNTS IS 2% PER MONTH (24% PER YEAR). IN THE EVENT OF COLLECTION PROCEEDINGS I WILL BE RESPONSIBLE TO PAY ALL COSTS OF COLLECTION. I UNDERSTAND THAT THE CLUB IS NOT RESPONSIBLE FOR LOST ARTICLES.

APPLICANT'S SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

PROPOSED BY MEMBER: _____ SIGNATURE _____ MEMBERSHIP #: _____

SECONDED BY MEMBER: _____ SIGNATURE _____ MEMBERSHIP #: _____

FOR OFFICE USE ONLY

Name in which shares will be registered: _____

Member #: _____ Spouses #: _____

Website and Golf Rez ID: _____ Password: _____

Date Elected To Membership: _____

Initiation Format: _____ Trial Membership: _____ Yes _____ No _____

General Manager's Authorization: _____ President's Authorization: _____