

CEDARHILL GOLF & COUNTRY CLUB

MEMBERSHIP APPLICATION

I (We) hereby apply for golf membership at Cedarhill Golf & Country Club. If my application is accepted, I (we) agree to abide by the policies and regulations of the Club and to pay the prescribed charges. Failing to pay prescribed charges from time to time, including annual membership dues, may result in cancellation of my (our) membership and forfeiture of any initiation dues paid.

NAME(S): _____

ADDRESS: _____

_____ **POSTAL CODE:** _____

TELEPHONE: **HOME:** _____ **OFFICE:** _____

CELL: _____

E-MAIL: _____

MEMBERSHIP CLASSIFICATION

Please ✓ the membership you are applying for:

Friends/Couple Membership
Individual Membership

7 Day 5 Day
7 Day 5 Day

Intermediate Membership
Junior Membership
Bantam Membership

Date of Birth
Date of Birth
Date of Birth

Day *Month* *Year*
_____/_____/_____
_____/_____/_____
_____/_____/_____

Day Ladies League
Ladies League
Senior Men's League
Men's Night League

I acknowledge my understanding that the Club reserves the right to refuse any application and that if any application is refused, any deposit that has been made will be refunded.

DATE: _____ **SIGNATURE:** _____

SIGNATURE: _____