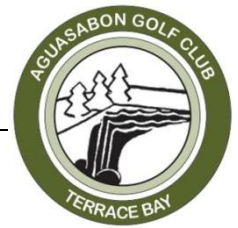


GOLF Membership



Section A: Please Print *All information is confidential.*

First Name: _____ Last Name: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Mailing Address: Box # _____ City: _____ Postal Code: _____

Email Address: _____

Check box to receive email updates. You can unsubscribe at any time.

Date of Birth: _____ Age: _____ Gender: Male Female

Family Membership Information: (complete only if purchasing a family membership)

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

MEMBERSHIPS

Adult Men No Handicap

Adult Ladies No Handicap

Adult New Member No Handicap

Senior (65-79 years) No Handicap

Senior New Member No Handicap

Senior (80 years & over) No Handicap

Intermediate 1 (19-30 years) No Handicap

Intermediate 2 (31-40 years) No Handicap

Student (19-23 years) No Handicap

Junior (12-18 years) No Handicap

Youth (11 years & under) No Handicap

TRAIL FEES: Member 1st Time Member Non Member

Purchase Date: _____ **Receipt #** _____ **Amount:** _____

Credit Card# _____ **Expiry#** _____ MasterCard Visa American Express **Cheque #** _____ Cash

Before signing this document, I acknowledge I have read, understand and hereby agree to the terms and conditions of membership as defined on Guidelines Form.

Signature: _____

Date: _____