



GLENGARRY GOLF & COUNTRY CLUB LTD

MEMBERSHIP APPLICATION

Date:				
Name :				
Address:				
City:				
Province:		Tel. No.:		
Postal Code:		Cell:		
Date of Birth:		E-Mail:		
CATEGORY		cash or ck or debit	credit card	OFFICE ONLY
7 Days Share:				G/L 4050/4045
7 Days Non-Share:				G/L 4050/4045
5 Days: Monday to Friday				G/L 4050/4045
Intermediate # 2: (31-39) ID				G/L 4050/4045
Intermediate # 1: (19-30) ID				G/L 4050/4045
Student: (19 TO 24 WITH ID)				G/L 4049/4047
Junior/Parent A Member: ID				G/L 4049/4047
Junior/Parent Is Not Member: ID				G/L 4052/4051
Shared Cart Season Pass				G/L 4061
Golf Canada (handicap):		\$		
Total		\$		

<input type="checkbox"/> Master card	<input type="checkbox"/> Visa	<input type="checkbox"/> Dr	<input type="checkbox"/> Cheque #	<input type="checkbox"/> Cash
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Date: _____ **Signature:** _____

PLEASE SEND PAYMENT TO:
GLENGARRY GOLF & COUNTRY CLUB LTD
 20511 MCCORMICK RD, ALEXANDRIA, ON K0C 1A0
 E-mail: glengarrygolf@bellnet.ca
 TEL 613-525-2912
glengarrygolf.ca

