



Deferred: Y/N

Date: _____

**Glengarry Golf & Country Club
MEMBERSHIP APPLICATION**

2017

Name(s) Mr., Mrs. Ms. _____

Civic Address _____

City _____ Prov. _____

Postal Code _____ Tel. No. _____

Date of Birth _____ E-Mail _____

Fax Number _____ New Member in 2017 _____

PUT PRICE BESIDE CORRECT CATEGORY

7 Day Share _____ \$ _____ G/L _____

7 Day Non-Share _____ \$ _____ G/L _____

5 Day _____ \$ _____ G/L _____

Intermediate #1 _____ \$ _____ G/L _____

Intermediate #2 _____ \$ _____ G/L _____

Student _____ \$ _____ G/L _____

Junior/Parent is Member _____ \$ _____ G/L _____

Junior/Parent is not Member _____ \$ _____ G/L _____

Golf Canada (handicap) _____ \$ _____ G/L _____

Club Storage _____ \$ _____ G/L _____

Driving Range Membership _____ \$ _____ G/L _____

Annual Power Cart Rental _____ \$ _____ G/L _____

1/2 Annual Power Cart Rental _____ \$ _____ G/L _____

Total _____ \$ _____

TAX INCLUDED

Master Card. Visa Accepted Cheque # _____ Debit _____

Card Number _____ Expiry Date: M/Y _____

Date: _____ Signature: _____

Please make cheques payable to:
Glengarry Golf & Country Club
P.O. Box 400, 20511 McCormick Rd, Alexandria, Ontario, K0C 1A0
E-Mail: glengarrygolf@bellnet.ca
Tel (613) 525-2912 Fax (613) 525-0700

2017
glengarrygolf.ca