

# Application for Membership

I hereby make application for membership in the Brampton Golf Club, Limited (the "Club"). I agree, if elected, to membership, to pay all fees, assessments and accounts at the time prescribed, and any other indebtedness which may be incurred by me, and to accept and be governed by the bylaws, rules and regulations of the Club as published by the Board of Directors. I also agree as follows:

- 1) to consent to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for any renewal or extension thereof, and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations;
- 2) to subscribe for the share requirements to qualify for membership (when and if applicable);
- 3) to indemnify and save harmless the Club from any and all liability for loss or damage whatsoever directly or indirectly caused by me or my guests or suffered by me or my guests, including without limitation, in respect of any and all liability for loss or damage to any personal property kept or left by me or my guests on or about the Club premises or property, or any personal injury sustained by me or any of my guests on or about the Club premises or property, whether such loss, damage or injury occurs by reason of any act or omission of any servant, agent, member or guest of the Club or otherwise;
- 4) that the deposit paid to the Club at the time of this application is non-refundable.

## Applicant - Personal Information

MEMBER NUMBER ISSUED

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			Date of Birth		
						D   M   Y		
Last Name			Given Name			Telephone Number - Residence		
Address - Residence			Unit/Apt #	City		Province	Postal Code	
Name of Employer						Telephone Number - Business		
Address - Business			Unit #	City		Province	Postal Code	
Occupation				Type of Business				
Email - Home				Email - Business				
Social Insurance Number (optional)						Telephone Number - Cell Phone		
All monthly billings are automatically emailed to you.				Referred by current Brampton Golf Club Member?				
Which email? Home <input type="checkbox"/> Business <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No Member Name:				
Other Club Affiliations								
Credit Card Information (only used if required)			Credit Card Number				Expiry	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard								

## Dependent Information for Spouse

(Applicable if applying for couple membership)

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Date of Birth			
		D	M	Y	
Last Name		Given Name		Telephone Number - Residence	
Address - Residence		Unit/Apt #	City	Province	Postal Code
Name of Employer		Telephone Number - Business			
Address - Business		Unit #	City	Province	Postal Code
Occupation		Type of Business			
Email - Home		Email - Business			

## Dependent Information for Children

(Applicable if applying for Pre-Junior or Junior golf membership)

Child 1 - Last Name		Given Name		Date of Birth		
				D	M	Y
Current Address (if different from applicant)		City	Province	Postal Code		
Email Address	Phone Number		Gender (circle one)			
			Male or Female			
Child 2 - Last Name		Given Name		Date of Birth		
				D	M	Y
Current Address (if different from applicant)		City	Province	Postal Code		
Email Address	Phone Number		Gender (circle one)			
			Male or Female			
Child 3 - Last Name		Given Name		Date of Birth		
				D	M	Y
Current Address (if different from applicant)		City	Province	Postal Code		
Email Address	Phone Number		Gender (circle one)			
			Male or Female			
Child 4 - Last Name		Given Name		Date of Birth		
				D	M	Y
Current Address (if different from applicant)		City	Province	Postal Code		
Email Address	Phone Number		Gender (circle one)			
			Male or Female			
Child 5 - Last Name		Given Name		Date of Birth		
				D	M	Y
Current Address (if different from applicant)		City	Province	Postal Code		
Email Address	Phone Number		Gender (circle one)			
			Male or Female			

# Category of Membership Applying For

GOLF		SOCIAL									
<b>FULL PROGRAM</b> <input type="checkbox"/> Gold <input type="checkbox"/> Silver  <input type="checkbox"/> Gold/Gold - Hus/Wife <input type="checkbox"/> Silver/Silver - Hus/Wife <input type="checkbox"/> Gold/Silver - Hus/Wife	<input type="checkbox"/> Corporate - Gold  <div style="border: 1px solid black; padding: 5px;">                     Additional Information Required for Golf Applicants:  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Applicant</th> <th style="width: 20%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>Current Handicap:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Current GAO/RCGA #</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> </div>		Applicant	Spouse	Current Handicap:	_____	_____	Current GAO/RCGA #	_____	_____	<b>INTERMEDIATE (21-35)</b> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Gold/Silver Hus/Wife <input type="checkbox"/> Silver/Silver Hus/Wife  <input type="checkbox"/> Dining Social <input type="checkbox"/> Board of Trade Social <input type="checkbox"/> Curling Club Social <hr/> Social members may add driving range privileges. The 2012 annual fee is \$237.00 plus GST. <input type="checkbox"/> Yes
	Applicant	Spouse									
Current Handicap:	_____	_____									
Current GAO/RCGA #	_____	_____									

## Consent to Collection and Use of Information

I understand the information provided by me in this Application for Membership is required by the Club in order for the Membership Committee and Board of Directors to assess my eligibility for membership in the Club. This information shall be retained by the Club and used by the management and administration of the Club for the purpose of administering my membership. I consent to the collection, retention and disclosure of the information contained in this form for those purposes. I also consent to the following:

### Photos/Printing of Name

Posting of your name or photo in the Club newsletter, roster, website, or any other communication to the membership.

I understand that this Application for Membership will not be acted upon unless fully completed and signed. I understand that membership privileges are contingent upon approval and payment of all required amounts. If I am accepted, please apply the enclosed cheque of \$ \_\_\_\_\_ for membership requirements.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

### WHERE APPLICANT IS UNDER THE AGE OF TWENTY-ONE:

I hereby accept responsibility for all fees, accounts, assessments and any other indebtedness which may be incurred or may become due to Brampton Golf Club prior to applicant attaining age of twenty-one. Further, I accept responsibility to assure applicant will observe all bylaws, rules and regulations and other resolutions which may be enacted by the Board of Directors.

\_\_\_\_\_

Signature of Parent or Grandparent

Please return your completed application to Ilona Doan, Membership Co-ordinator at the Administration Office of Brampton Golf Club, Limited 7700 Kennedy Road, Brampton, Ontario L6W 0A1 or fax to: 905.457.1811. If you have any questions, please call 905.457.5700, x-221 or email [ilonad@bramptongolf.com](mailto:ilonad@bramptongolf.com).

### FOR OFFICE USE ONLY

\_\_\_\_\_

Date Received

\_\_\_\_\_

Date of Interview

\_\_\_\_\_

Account # Issued

\_\_\_\_\_

Date of Board Approval

\_\_\_\_\_

Deposit Amount

