



ST-IGNACE GOLF CLUB APPLICATION FORM FOR GOLD MEMBERSHIP

Applicant Photograph

Name: _____

MEMBERSHIP APPLICATION FORM

Date

The Manager
St. Ignace Golf Club
79 Le Buttereau Rd, St-Ignace, NB
E4X2G5 Canada

Dear Sir,

I wish to apply for the Gold Membership of St. Ignace Golf Club, 79 Le Buttereau Rd, Saint Ignace, NB, E4X2G5, Canada having the following features:-

Features of Gold Membership

1. Fee:- \$20,000 Canadian One time non refundable Joining fee
2. Period:- 15 years
3. Annual Subscription: \$ 100 Canadian per annum to be paid in advance
4. Dependent Membership:- Applicable to Spouse and upto 3 Children below the age of 18 years.
5. Facilities:-
 - a. Access to the club to the member as per the terms and conditions attached herewith.
 - b. Green fees will be waived off for the member/ dependent members.
 - c. Discount of 10% on other club facilities and services and events.
6. Usage of facilities at affiliated clubs as per their rules and regulations.

Applicant Details:

Name: _____

Father's Name / Husband's Name: _____

Nationality: _____

Residence Address _____ Office Address _____

Phone: _____ Phone: _____

E-mail: _____

Mobile: _____

All mail to be sent on : Residence Address _____ Office Address _____

I/We agree to abide by the rules and regulations of the club that may be in force from time to time and pay all the dues as applicable from time to time. I/We also agree that my membership may be terminated immediately if the club management concludes that I/We or my/our family members or our guests have violated any club's rule, regulation, general instructions and failed to maintain the club decorum as well as failed to clear the Management charges or other dues in time.

MODE OF PAYMENT: Cash / Cheque No. / DD No. _____ Date _____

Amount _____ Drawn On _____

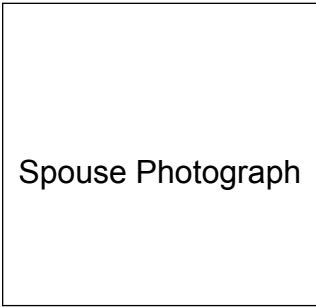
FAMILY PARTICULARS

Name

Age

Signature

Wife / Husband



Spouse Photograph

(1) _____

Children



ChildPhotograph

(1) _____



Child Photograph

(2) _____



(3) _____

DECLARATION;

I/we declare that all the above information is true to the best of my Knowledge. I shall abide with the terms and conditions of the Club

_____ Signature of the Applicant

For Office Use Only

Recommendation of the Management: _____

Approval of Manager: _____

Membership No. _____

Receipt No. _____

Type of Membership _____

Verified by _____ Accounts _____ Committee _____

Approved _____