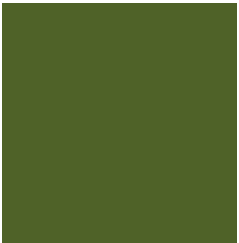
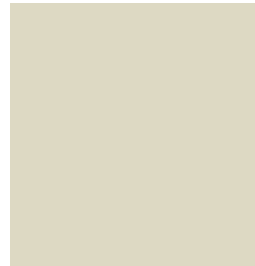
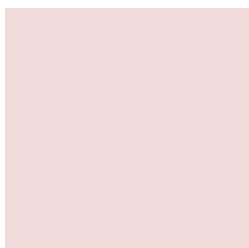
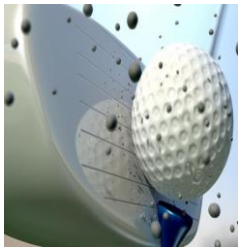
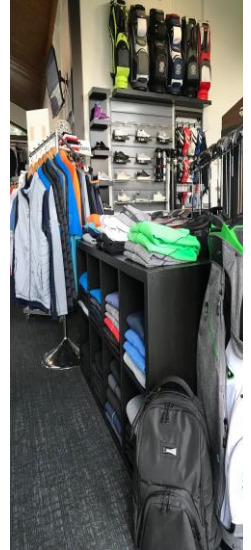
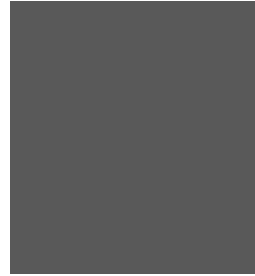




# Information document



**Club de golf Pinegrove inc.**

200 avenue des Pins, Saint-Jean-sur-Richelieu (Québec) J2W 2J6

Téléphone : (450) 658-1791 • Télécopieur : (450) 447-2149

Site internet : [www.golfpinegrove](http://www.golfpinegrove)

**INFORMATION DOCUMENT – FULL MEMBER****TO BE FILLED OUT BY THE APPLICANT**

Name	First name	Date of birth		
		Day	Month	Year

Home address	Town	Postal code
Telephone	Portable phone	
Email address		

Business address	Town	Postal code
Telephone	Email address	
Employer   Company	Position   Occupation	

Do you wish to receive your monthly statement	<input type="checkbox"/> by the mail	<input type="checkbox"/> or by email
If you have chosen by email, please specify the address to use		

At which email address do you wish to receive club communiqués?
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**Submit the name of your spouse, your children (under 30 years of age) and your grand-children**

Spouse	Register for golf <input type="radio"/> Yes <input type="radio"/> No	Date of birth Day   Month   year	Sex <input type="radio"/> Female <input type="radio"/> Male
Child	Register for golf <input type="radio"/> Yes <input type="radio"/> No	Date of birth Day   Month   Year	Sex <input type="radio"/> Female <input type="radio"/> Male
Child	Register for golf <input type="radio"/> Yes <input type="radio"/> No	Date of birth Day   Month   Year	Sex <input type="radio"/> Female <input type="radio"/> Male
Grand-child	Register for golf <input type="radio"/> Yes <input type="radio"/> No	Date de naissance Day   Month   Year	Sex <input type="radio"/> Female <input type="radio"/> Male
Grand-child	Abonner au golf <input type="radio"/> Yes <input type="radio"/> No	Date de naissance Day   Month   Year	Sex <input type="radio"/> Female <input type="radio"/> Male

**The sponsorship of your membership is not mandatory, but will facilitate your admission.**

Principal sponsor	Member number	Signature
Sponsor	Member number	Signature
Sponsor	Member number	Signature

**If you are not sponsored by a member of the Club, please submit the name of two references.**

Name	Has known me for how many years	Social or business	Telephone
Name	Has known me for how many years	Social or business	Telephone
Relationship, if any to present member(s)			

**Authorization**

I hereby authorize Pinegrove Golf Club to occasionally perform any credit check or inquiry in order to obtain and receive any information from any financial institution, credit bureau or any person with whom I could have entered in any financial transactions, including my criminal history, all in connection with the present application.	Initials
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Are you or have you ever been a member of another golf or social club? Please supply details such as the number of years of membership and if the case, positions held on the Board of directors or in committees.

If you are currently a member at another golf club, what is your Golf Canada "gold" number ? \_\_\_\_\_

Have you ever had a criminal record? yes <input type="checkbox"/> no <input type="checkbox"/>	My handicap is
--	----------------

*I hereby agree to respect at all times the policies, rules and regulations of Pinegrove Golf Club inc. and I understand that any decision can be taken for any reason what so ever, without recourse from me.*

Signature