

PRELIMINARY APPLICATION FORM



CLUB DE GOLF PINEGROVE INC.

200, avenue des Pins • Saint-Jean-sur-Richelieu Qc, J2W 2J6
Téléphone: (450) 658-1791 • Télécopieur: (450) 447-2149 • Site internet: www.golfpinegrove.ca

PRELIMINARY APPLICATION FORM – 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?

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)			

Bank references

Financial institution	Account number
Director	Telephone
I hereby authorize Pinegrove Golf Club to occasionally perform any credit check in order to obtain and obtain and receive any information from any financial institution, credit bureau or any person with whom I could have entered in any financial transactions, all in connection with the present application.	Initials

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.

Have you ever had a criminal record? yes <input type="checkbox"/> no <input type="checkbox"/>	My handicap is
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I hereby agree to respect at all times the policies, rules and regulations of Pinegrove Golf Club inc.

Signature