

## Kingsville Golf & Country Club



## Membership Application

Family Name	First Name	Date of Birth
Family Name  HOME ADDRESS:	First Name	Date of Birth
Street	City	Postal Code
Home Phone #	Cell Phone #	Email Address
BUSINESS ADDRESS:		
Street	City	Postal Code
Phone #	Occupation	Email Address
SPOUSE:		
Family Name	First Name	Date of Birth
BUSINESS ADDRESS:		
Street	City	Postal Code
Phone #	Occupation	Email Address
Proposed/Referred by:		
Recommendation Letter:	Att	ached
	То	be forwarded

MEMBERSHIP CATEGORY	CINCLE	COLIDIE	TDIAI
Unlimited Allows play any day	SINGLE	COUPLE	TRIAL
<u>Limited</u> Allows play Monday to Friday only and excludes Canadian Holidays			
*Intermediate (age 19 – 26) Allows play any day			
*Senior Intermediate (age 27-34) Allows play any day			
*Young Adult (age 35-43) Allows play any day			
*Mid Adult (age 44-49) Allows play any day			
* AGES ARE AS OF MARCH 31 <sup>ST</sup> . BIRTH CERTIFIC	CATE REQU	IRED.	
CAPITAL CONTRIBUTION (FORMALLY INITIATE BEGINNING AT AGE 50.	_		
Deposit			
Single (49 and under) \$650			
Single Adult (50 and up) \$900			
Couple \$1,400			
CAPITAL CONTRIBUTION PAYMENT			
Options Payment Monthly # of m	<u>onths</u>		<u>Amount</u>
Single Membership\$132.1471 Year*\$132.1475 Year\$26.43 for 7 months for 5 years (10 Year**\$14.29 for 7 months for 10 years			\$925 \$925 \$1000
Couple Membership:\$246.4371 Year*\$246.4375 Year\$49.29 for 7 months for 5 years10 Year**\$25.71 for 7 months for 10 years	•		\$1725 \$1725 \$1800
$^{\ast}$ 1 year payment option entitles you to a \$185/single or \$345/couple credit towards range, carts or guest fees			
**10 year payment options include a \$75.00 service for	ee		

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Please choose your preferred payment choic				
	Monthly Account Dues & Capital Contribution			
Cheque				
Debit				
Internet Banking				
PERKS FOR NEW MEMBERS				
NEW ADULT/MID ADULT MEMBERSHIP	INTERMEDIATE & YOUNG ADULT (19-43 YRS)			
Bag Tag Issued Picture Taken	Bag Tag Issued Picture Taken			
One Year Free Club Storage	\$100.00 Range Credit			
One Year Free 1/2 Locker	——————————————————————————————————————			
Kingsville Golf & Country Club reserves the right to reject an applicant or suspend a member, if in the opinion of the Board of Directors, the conduct of such an applicant or member is not in keeping with standards set by the Club.  This application is subject to review by the Membership Committee and final approval by the Board of Directors.  I understand I am financially responsible for payment of Monthly Account, Annual Dues & Capital Contribution.  I consent to email/electronic communications from Kingsville Golf.				
I acknowledge receipt of the Membership Services Booklet.				
I acknowledge I am required to attend a New Member Orientation prior to becoming a member.   Scheduled date and time of orientation:				
Date completed by the Applicant:				
Applicant's signature:				

All applications should be forwarded with payment covering the required deposit to:

Kingsville Golf & Country Club 640 County Road 20 Kingsville, ON N9Y 2E6

Attention: Chairman, Membership Committee

For further information please contact the Administration Office at: Tel: (519) 733-6561 ext. 123 Fax: (519) 733-6052

Email: office@kingsvillegolf.com

