Kingsville Golf & Country Club

Membership Application

Family Name | First Name | Date of Birth

HOME ADDRESS:

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: ☐ Attached ☐ To be forwarded

MEMBERSHIP CATEGORY

	SINGLE	COUPLE	TRIAL
Unlimited Allows play any day	☐	☐	☐
Limited 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 31ST. BIRTH CERTIFICATE REQUIRED.***

CAPITAL CONTRIBUTION PAYABLE BEGINNING AT AGE 50.

Deposit

Single (49 and under)	**$500**	☐
Single Adult (50 and up)	**$750**	☐
Couple	**$1,200**	☐

CAPITAL CONTRIBUTION PAYMENT

Options	Payment Monthly	# of months	**Amount**
Single Membership			
1 Year*	$132.14	7	**$925**
5 Year	$26.43 for 7 months for 5 years (billed with yearly dues)		**$925**
10 Year**	$14.29 for 7 months for 10 years (billed with yearly dues)		**$1000**
Couple Membership:			
1 Year*	$246.43	7	**$1725**
5 Year	$49.29 for 7 months for 5 years (billed with yearly dues)		**$1725**
10 Year**	$25.71 for 7 months for 10 years (billed with yearly dues)		**$1800**

* 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 fee

Please choose your preferred payment choice:

	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	_____	Bag Tag Issued	_____
Picture Taken	_____	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.

Date completed by the Applicant: _____

Applicant's signature: _____

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.

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