

application

Beverly Golf & Country Club Ltd.

Name of Member or Corporate Designate				Date of Birth		Intending to golf Yes <input type="checkbox"/> No <input type="checkbox"/>	
Corporate Data			Corp/name of contact				
Home Address			Home phone		Business phone		
City		Prov	PC	Fax		E mail	
Place of Employment			Address for billing purposes		Home <input type="checkbox"/> Business <input type="checkbox"/>		
Address			Credit Card		MasterCard <input type="checkbox"/>		VISA <input type="checkbox"/> DEBIT <input type="checkbox"/>
City		Prov	PC	Number		Expiry date	
Position			How long with company?				
Previous Golf Club Membership	Name			City		Dates	
	Name			City		Dates	
Name of Spouse			Date of Birth		Intending to golf Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business Address			Children intending to golf				
Place of Employment		Position		Name		Date of Birth	
Business Phone		E mail		Name		Date of Birth	
Source of Application							
Member <input type="checkbox"/>	Friend <input type="checkbox"/>	Tournament <input type="checkbox"/>	Advertising:	Radio <input type="checkbox"/>	Print <input type="checkbox"/>	Shows <input type="checkbox"/>	
Other _____							
<p>I hereby apply for category _____ membership in the Beverly Golf and Country Club Limited and I agree to conform with and be governed by the bylaws and rules and regulations of the Beverly Golf and Country Club Limited and pay the prescribed dues, fees, assessments, etc., promptly when due. I understand this Application for Membership is subject to approval and acceptance of the Board of Directors. I further agree that the Corporation shall in no way be responsible for injury received, or loss sustained whether by negligence or not, of the Club on the Corporation's premises to myself, members of my family or guests, and I further agree to indemnify and save the club harmless from any claims of the aforesaid persons.</p>							
Date		Signature					
Proposed by	Name			Membership number			
	Signature						
Seconded by	Name			Membership number			
	Signature						
Office Use Only							
Share fee applicable		Share payment purchase plan		Yes <input type="checkbox"/> No <input type="checkbox"/>		Deposit Paid \$	
Membership Committee Approval			Date			Category Applicable <small>(Subject to adjustment in effect at time active membership approved)</small>	
Board Approval			Date				