

# CALABOGIE HIGHLANDS GOLF RESORT

## 2020 MEMBERSHIP Form

|                              |  |              |  |
|------------------------------|--|--------------|--|
| <b>Membership Selection:</b> |  | <b>Date:</b> |  |
|------------------------------|--|--------------|--|

| PLEASE PRINT<br>Complete All Required Fields | MEMBER      | MEMBER SPOUSE | MEMBER FAMILY |
|--|-------------|---------------|---------------|
| <b>NAME:</b>                                 |             |               |               |
| <b>ADDRESS:</b>                              |             |               |               |
| <b>CITY:</b>                                 |             |               |               |
| <b>POSTAL CODE:</b>                          |             |               |               |
| <b>HOME PHONE:</b>                           | (    )    - |               |               |
| <b>CELL PHONE:</b>                           | (    )    - |               |               |
| <b>EMAIL:</b>                                |             |               |               |
| <b>DATE OF BIRTH:</b>                        | M   D   Y   | M   D   Y     | M   D   Y     |

|                           |    |
|---------------------------|----|
| <b>Membership Fee:</b>    | \$ |
| <b>Power Cart:</b>        | \$ |
| <b>Spouse Power Cart:</b> | \$ |
| <b>Driving Range:</b>     | \$ |
| <b>Subtotal:</b>          | \$ |
| <b>HST 13%:</b>           | \$ |
| <b>Total Payable:</b>     | \$ |

| Payment Method     |                          |                                       |  |
|--------------------|--------------------------|---------------------------------------|--|
| <b>e-Transfer:</b> | <input type="checkbox"/> | Mail To: calabogielinwood@outlook.com |  |
| <b>Cheque:</b>     | <input type="checkbox"/> | <b>Cheque #:</b>                      | Payable to Calabogie Highlands Golf Resort |
| <b>Visa:</b>       | <input type="checkbox"/> | #                                     | Expiry / CVV                               |
| <b>Mastercard:</b> | <input type="checkbox"/> | #                                     | Expiry / CVV                               |

### Acknowledgement:

By signing this agreement, I acknowledge that I have read and agree to uphold Article V, Section A-3b of the Calabogie Highlands Members Association Constitution and By Laws, as displayed on the Calabogie Highlands Golf Resort Website.

I agree to receiving Calabogie Highlands members events and promotion material by email communication.

**Signature:** \_\_\_\_\_

Applicant Must Be 18 To Sign Membership Agreement

**Calabogie Highlands Golf Resort**  
 981 Barryvale Road  
 Calabogie ON K0J 1H0

613-752-1234 x 5  
 info@calabogiehighlandsgolfresort.com



Payment received by: \_\_\_\_\_

Date: \_\_\_\_\_