

# Application For Membership

**CEDAR HILL GOLF CLUB**, 1400 Derby Road, Victoria, B.C. V8P 1T1 Phone: 250 370-1471

E-mail: [cedarhillgolfclub@shaw.ca](mailto:cedarhillgolfclub@shaw.ca)

Website: cedarhillgolfclub.com

DIVISION: MEN \_\_\_\_\_ LADIES \_\_\_\_\_ JUNIOR (10-18 YEARS) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Previous Club \_\_\_\_\_ Index/Handicap \_\_\_\_\_

For Senior Men's eligibility (55 and over) we require your Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

**I hereby agree to abide by the Club Rules and Regulations.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Note: If you do not know any present Members, please leave the Proposer and Seconder blank and a Board Member will contact you.

Proposed by (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Secoded by (print) \_\_\_\_\_ (signature) \_\_\_\_\_  
(proposers & seconders MUST be members in good standing)

## How did you hear about us?

Member  Brochure  Golf Show  Golf Magazine Ad  Other

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**Juniors must have a consent signature of a Parent or Guardian and provide date of birth information.**

I hereby consent to the participation of the above applicant in the Cedar Hill Golf Club Junior Program.

Signature \_\_\_\_\_ (print name) \_\_\_\_\_

Relationship \_\_\_\_\_ Applicant's Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

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## CLUB USE ONLY:

Application presented at meeting \_\_\_\_\_

Letter of acceptance sent \_\_\_\_\_

Payment received \_\_\_\_\_

Member package forwarded \_\_\_\_\_

Copies to:  
Membership Chair \_\_\_\_\_

Ladies Captain \_\_\_\_\_

Entered: Database \_\_\_\_\_ RCGA \_\_\_\_\_