

Application for Membership

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

E-mail: 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 _____

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) _____

Seconded by (print) _____ (signature) _____
(proposers & seconds MUST be members in good standing)

How did you hear about us?

Member Brochure Golf Show Golf Magazine Ad Other

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

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 _____