

2012 Application for Membership

Cedar Hill Golf Club, 1400 Derby Rd, Victoria, BC, V8P 1T1, Phone: 250-370-1471

Division: Mens _____ Ladies _____ Junior (10-18 yrs) _____

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Email: _____

Occupation: _____

Previous Club: _____ Index/Handicap _____

I hereby agree to abide by the Cedar Hill Golf Club Rules and Regulations

Signature: _____ Date: _____

Proposed by: _____ (signed) _____

Seconded by: _____ (signed) _____

(Note: If you do not know any present Members, please leave the Proposer and Seconder blank and a Board Member will contact you. Proposers and Seconders must be members in good standing with the Club.)

How did you hear about us? Member _____ Brochure _____ Golf Show _____ Newspaper _____ 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: _____ Relationship: _____

Applicant's Date of Birth: _____ (year/month/day)

Club Use Only:

Application presented at meeting: _____

Letter of acceptance sent _____

Payment received _____

Member Package forwarded _____

Entered: Database _____ RCGA _____

.....