



# APPLICATION FORM MEMBERSHIP PROGRAM

TO BE FILLED OUT BY APPLICANT ONLY

**Hillsdale**  
PERSONAL INFORMATION

MEMBERSHIP CATEGORY: \_\_\_\_\_

<p><b>MEMBER</b></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth :      D      M      Y _____ / _____ / _____</p> <p>Company: _____</p> <p>Co. Activity Description : _____</p> <p>Title: _____</p> <p>Since: _____ or _____ year(s)</p> <p>Office Address: _____ _____</p> <p>Office Phone #: _____</p> <p>Office Email: _____</p> <p>Home Address: _____ _____</p> <p>Home Phone #: _____</p> <p>Home Email: _____</p> <p>Mobile Phone #: _____</p> <p>Already been a golf club member?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p>	<p><b>SPOUSE</b>      REGULAR PLAYER <input type="checkbox"/> OR BEGINNER I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth :      D      M      Y _____ / _____ / _____</p> <p>Company: _____</p> <p>Co. Activity Description : _____</p> <p>Title: _____</p> <p>Since: _____ or _____ year(s)</p> <p>Office Address: _____ _____</p> <p>Office Phone #: _____</p> <p>Office Email: _____</p> <p>Home Address: _____ _____</p> <p>Home Phone #: _____</p> <p>Home Email: _____</p> <p>Mobile Phone #: _____</p> <p>Already been a golf club member?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p>
<p><b>CHILD</b></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth :      D      M      Y _____ / _____ / _____</p> <p>Already been a golf club member?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please join proof of studentship for student from 18 to 25 years old.</p>	<p><b>CHILD</b></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date de Birth:      D      M      Y _____ / _____ / _____</p> <p>Already been a golf club member?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    Handicap: _____</p> <p>If YES, please specify the Club's name: _____</p> <p>Please join proof of studentship for student from 18 to 25 years old.</p>

**SPONSORED BY (If you are sponsored: Separate letters of recommendation – Members of Hillsdale)**

	First and Last Name	# Years	Relationship	Telephone #
Sponsor	_____	_____	_____	_____
Seconder	_____	_____	_____	_____

**REFERENCES (if you are not sponsored, please identify two references)**

1 <sup>st</sup> Reference	_____	_____	_____	_____
2 <sup>nd</sup> Reference	_____	_____	_____	_____

**CHARITABLE CONTRIBUTIONS** (use separate sheet if necessary)

20

Annual Contributions (Please itemize)

(A) _____	\$ _____
(B) _____	\$ _____
(C) _____	\$ _____
(D) Spouse's Contribution	\$ _____

**COMMUNITY ACTIVITIES & INVOLVEMENT**

Please indicate the communication method you prefer:

		Statement of Account	Others
<b>Home</b>	- Email	<input type="checkbox"/>	<input type="checkbox"/>
	- Regular Mail	<input type="checkbox"/>	<input type="checkbox"/>
<b>Business</b>	- Email	<input type="checkbox"/>	<input type="checkbox"/>
	- Regular Mail	<input type="checkbox"/>	<input type="checkbox"/>

Available Payment Options: Online via your bank account, by regular mail or on site at Hillsdale office.

Do you agree that the following information can be published? (Ex. Members directory,...)?

		Private	Public
<b>First and Last Names</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Tel. #</b>	- Home	<input type="checkbox"/>	<input type="checkbox"/>
	- Business	<input type="checkbox"/>	<input type="checkbox"/>
	- Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<b>Email</b>	- Home	<input type="checkbox"/>	<input type="checkbox"/>
	- Business	<input type="checkbox"/>	<input type="checkbox"/>

I would like to receive my monthly statement at my business address.

In order to comply with the new Canadian Anti-Spam Legislation I, hereby, agree to receive newsletters and Hillsdale Golf Club upcoming events documentation by email. (You may withdraw your consent at any time.)

I, undersigned \_\_\_\_\_ (YOUR NAME), elect to join Hillsdale Golf Club under the membership program for the \_\_\_\_\_ (YEAR) season.

AND I HAVE SIGNED THIS \_\_\_\_ (DAY) OF \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR). \_\_\_\_\_ (SIGNATURE)

Where did you hear from us?

<input type="checkbox"/> 2011 CN Canadian Women's Open	<input type="checkbox"/> Mailing
<input type="checkbox"/> The Gazette	<input type="checkbox"/> Hillsdale Web Site
<input type="checkbox"/> The Canadian Jewish News	<input type="checkbox"/> Brochure
<input type="checkbox"/> The Suburban	<input type="checkbox"/> Outside Tournament
<input type="checkbox"/> Facebook	<input type="checkbox"/> Hillsdale Member
<input type="checkbox"/> Instagram	<input type="checkbox"/> Reciprocity Agreement
<input type="checkbox"/> YouTube	<input type="checkbox"/> As a guest
<input type="checkbox"/> Internet	<input type="checkbox"/> Other(s) : Please Specify
<input type="checkbox"/> Expogolf Montreal	