

PAKENHAM HIGHLANDS GOLF CLUB

2020 MEMBERSHIP Form

Membership Selection:		Date:	
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PLEASE PRINT Complete All Required Fields	MEMBER	MEMBER SPOUSE	MEMBER FAMILY
NAME:			
ADDRESS:			
CITY:			
POSTAL CODE:			
HOME PHONE:	() -		
CELL PHONE:	() -		
EMAIL:			
DATE OF BIRTH:	M D Y	M D Y	M D Y

Membership Fee:	\$
Power Cart:	\$
Spouse Power Cart:	\$
Association Fee:	\$ 10.00
Subtotal:	\$
HST 13%:	\$
Total Payable:	\$

Pakenham Highlands Golf Club
112 McWatty Road
Pakenham ON K0A 2X0

613-624-5550
info@pakenhamhighlandsgolf.com



Payment received by: _____

Date: _____

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

Acknowledgement:

By signing this agreement, I acknowledge that I have read and agree to uphold the Pakenham Highlands Members Association Constitution and By Laws, and adhere to the Etiquette Rules of Golf.

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

Signature: _____

Applicant Must Be 18 To Sign Membership Agreement