



Pro Shop: 306.382.5500 Admin: 306.382.7787 Fax: 306.382.7415 www.moonlakegolf.com

Regular/Corporate Membership Application

Applicant Information

Company Name:
(This name will appear on certificates)

Contact Name: _____ Date of Birth(m/d/yr): _____

Current Address: _____

Email: _____

City:	Province	Postal Code
Phone:(home)	Cell:	Work:

Fax: _____

Spouse Information, if Couple Membership

Name: _____ Date of Birth(m/d/yr): _____

Telephone: (work): _____

Email: _____

Membership Information

Shareholder Membership <input type="checkbox"/>	Season Ticket Membership <input type="checkbox"/>	Corporate Membership <input type="checkbox"/>
Full Week <input type="checkbox"/>	Weekday <input type="checkbox"/>	
Single <input type="checkbox"/>	Senior Couple <input type="checkbox"/>	Corporate 40 Rounds <input type="checkbox"/>
Couple <input type="checkbox"/>	Student <input type="checkbox"/>	Corporate 50 Rounds <input type="checkbox"/>
Senior <input type="checkbox"/>	Junior(18 years & under) <input type="checkbox"/>	Corporate 60 Rounds <input type="checkbox"/>

S.G.A. Card Required

Miscellaneous

Locker <input type="checkbox"/>	Power Cart Full Seat <input type="checkbox"/>
Club Cleaning & Storage <input type="checkbox"/>	Power Cart Single Seat <input type="checkbox"/>
Cart Storage & Trackage (1998 and previous members only) <input type="checkbox"/>	Driving Range (non members) <input type="checkbox"/>

Payment Details

Membership	\$
Power Cart Full Seat	\$
Single Seat	\$
Locker	\$
Club Cleaning & Storage	\$
Cart Storage & Trackage	\$
Other	\$
TOTAL	\$

Cash Cheque Visa M/C AMEX Debit

I agree to abide by all the rules and regulations stipulated by Moon Lake Golf and Country Club Ltd. I will not hold Moon Lake Golf and Country Club Ltd. responsible for any loss of personal property stored at the Club. For Junior Memberships, I approve a Junior Membership for my son/daughter and accept full responsibility for his/her actions while at Moon Lake Golf and Country Club Ltd.

Signature of Applicant: _____	Date: _____
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Signature of Parent/Guardian(Junior Membership) _____	Date: _____
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Office Use Only: Account: _____	Cert #'s: _____	Issue Date: _____
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