



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: |
| Signature of Parent/Guardian(Junior Membership) | Date: |

Office Use Only: Account: _____ Cert #'s: _____ Issue Date: _____