

CLUB DE GOLF
BEACONSFIELD
 GOLF CLUB
 49 Golf Avenue
 Pointe-Claire, Quebec
 H9S 4N6
 Canada



| NAME OF APPLICANT | DATE OF BIRTH (MM/DD/YYYY) | AGE AS OF APRIL 1, 2020 |
|-------------------|----------------------------|-------------------------|
| | | |

| HOME ADDRESS | BUSINESS ADDRESS |
|-----------------|------------------|
| Street Address: | Street Address: |
| City: | City: |
| Postal Code: | Postal Code: |
| Home Tel: | Home Tel: |
| Cell: | Cell: |
| Email: | Email: |

| EMPLOYER NAME | POSITION/TITLE |
|---|---|
| | |
| Statement Preference : <input type="checkbox"/> Mail <input type="checkbox"/> Email | If email, address preference: <input type="checkbox"/> Home <input type="checkbox"/> Business |

| NAME OF SPOUSE (IF JOINING) | DATE OF BIRTH (MM/DD/YYYY) | AGE AS OF APRIL 1, 2020 |
|-----------------------------|----------------------------|-------------------------|
| | | |

| HOME ADDRESS | BUSINESS ADDRESS OF SPOUSE |
|-----------------|----------------------------|
| Street Address: | Street Address: |
| City: | City: |
| Postal Code: | Postal Code: |
| Home Tel: | Home Tel: |
| Cell: | Cell: |
| Email: | Email: |

| EMPLOYER NAME | POSITION/TITLE |
|---------------|----------------|
| | |

| COMMUNICATION PREFERENCES | |
|---|---|
| Email language preference: <input type="checkbox"/> English <input type="checkbox"/> French | Spousal email language preference: <input type="checkbox"/> English <input type="checkbox"/> French |

If you have juniors who wish to join, please request a Junior Application Form.

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OTHER CLUB INFORMATION

| | |
|----------------------|-------|
| Dates of Membership: | Club: |
| | |
| | |

Golf Canada ID#

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Letter of recommendation

| PROPOSER | SECONDER |
|------------------------|------------------------|
| Name: | Name: |
| Number of years known: | Number of years known: |
| Signature: | Signature: |

Four letters of recommendation are necessary

MEMBERS KNOWN TO THE APPLICANT

| | |
|------------------------|------------------------|
| Name: | Name: |
| Number of years known: | Number of years known: |
| Home Tel: | Home Tel: |

MEMBERS KNOWN TO THE APPLICANT

| | |
|------------------------|------------------------|
| Name: | Name: |
| Number of years known: | Number of years known: |
| Home Tel: | Home Tel: |

MEMBERSHIP CATEGORY REQUESTED **DIRECTOR MET/INTERVIEW PROCESS**

| | |
|---|---------------------|
| Regular: | Name of Director 1: |
| Associate: | Date of meeting: |
| Couple ++ (two regulars): | Name of Director 2: |
| Couple (one regular and one associate): | Date of meeting: |
| Social: | |

