|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 **Membership season 2021** | | | | | | | | | | | |
|  |  | | | | | |  | | | | |
| **Membership form** | | | | | | | | | | | |
| **Please fill out this form in print.** | | | | | | | | | | | |
| **Check the category in which you want to become a member of the club.** | | | | | | | | | | | |
| **7 DAYS**  **SPOUSE 7 DAYS** | | | | **5 DAYS (week)**  **SPOUSE 5 DAYS** | | | | | | **INTERMEDIARE A**  **INTERMEDIARE B**  **Sat / Sun After 11:00** | |
| **)**  **MEMBER: 20 GAMES 30 GAMES 40 GAMES JUNIOR** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| First name | | | Last name | | | | | | | | Date of birth |
| Civic number and street | | | | | town | | | | | | Zip code |
|  | | |  | | | | | | | | |
| Email (in print please) | | | Home phone | | | | | cellular | | | |
| Name of person to contact in an emergency | | | Contact phone | | | | | Other | | | |
| **I want to have one or the following services**   |  |  | | --- | --- | | * Locker room service * Storage and cleaning sticks * Pull cart storage * Electric cart storage * Diamant/Champêtre duo | * 50 small baskets package * Unlimited ball package * 20 carts package * Unlimited cart package * Golf Quebec | | | | | | | | | | | | |
| **If you were a member of other clubs in previous years, please enter the names of the clubs** | | | | | | | | | | | |
| club | | club | | | | | | | club | | |
| I've been playing golf for \_\_\_\_\_\_\_ years. | | | | | | Handicap | | | | | |
| I certify that all the information is true. I acknowledge that I **have received, read and understood** the background information. I am committed to complying with the current and future rules of Le Diamant and Golf Club and Le Champêtre Golf Club. | | | | | | | | | | | |
| Member's signature | | | | | | | | | | | |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_