|  |
| --- |
|  **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 Enter your membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_