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|  **Membership season 2025**  |
| **Membership form must be returned in PDF OR WORD format****PHOTO NOT ALLOWED** |
| **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****WITH GOLF CARTS** | **5 DAYS SPOUSE 5 DAYS****WEEK****WITH GOLF CARTS**  | **INTERMEDIARE A****INTERMEDIARE B****Sat / Sun After 11:00 INTER B** |
| **)20 GAMES 30 GAMES 40 GAMES JUNIOR****30 GAMES WITH GOLF CARTS 40 GAMES WITH GOLF CARTS** |
| 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 INCLUDED
* Storage and cleaning sticks
* Pull cart storage
* Electric cart storage
 | * 50 small baskets package
* Unlimited ball package
* 20 carts package
* Golf Quebec #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **If you were a member of other clubs in previous years, please enter the names of the clubs** |
| club | club | club |
| I certify that all information is true. I acknowledge that I have received, read and understood the general information documents. I agree to respect the present and future rules of Le Diamant Golf Club. The Golf Club reserves the right to refuse this application for membership |
| Signature:  |
| Date: |