|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **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: | | | | | | | | |