



2020 Member Application Form

Please fill out accurately.

Member(s): _____

Contact Information: Phone Number(s): _____

Email(s): _____

Would you like to receive updates or promotions via email? Please check: Yes or No

Emergency contact information: Name: _____

Phone Number: _____

Selected Membership Type: _____

Packages: _____

Golf Canada Membership (Optional): Adult

Youth

None

Golf Canada is only mandatory for members competing in tournaments and/or club events.

Please select a payment option below:

Visa Card Number _____ Exp _____ CVV _____

Mastercard Card Number _____ Exp _____ CVV _____

Cheque

Cash

*For Visa and Mastercard payments, you must provide your 16 Digit Card Number, Expiration Date and CVV Number (3 digit number on the back of the card)

Member Signature _____

Date _____

Please submit forms via mail, email or in person:

Sand Point Golf & Country Club

38 Golf Club Rd

Braeside, ON K0A 1G0

Tel. (613) 623-3234 Email. proshop@sandpointgc.ca