



**- MEMBER FOR A MONTH -**

**APPLICATION FORM  
2010**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Date of Birth (for statistical purposes only)** \_\_\_\_\_

**Emergency Information**

**Person to notify in case of emergency** \_\_\_\_\_

**Telephone** (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Names of family members or friends who are members of Ladies'**

\_\_\_\_\_

\_\_\_\_\_

**To which other clubs do you currently belong?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Golf Experience**

Do you consider yourself to be a (a) novice golfer? \_\_\_\_\_  
 (b) intermediate golfer? \_\_\_\_\_  
 (c) experienced golfer? \_\_\_\_\_

What is your handicap? \_\_\_\_\_

What is your average score? \_\_\_\_\_

Are you interested in lessons? \_\_\_\_\_

I agree to abide by the rules and regulations of Ladies' Golf Club of Toronto as long as I remain in the Member for a Month program. I agree to pay all fees and expenses associated with this program and to provide my credit card information to be used in settlement of expenses I incur while in the Member for a Month program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment - Option A \_\_\_\_\_

- Option B \_\_\_\_\_

**For office use only**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Access Codes \_\_\_\_\_ Account Number \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**Fax, email or deliver to:**

**Kim Iwamoto – General Manager  
 LADIES' GOLF CLUB OF TORONTO  
 7859 Yonge Street, Thornhill, Ontario L3T 2C4  
 Telephone: 905-889-3531 ext 303 / Fax: 905-889-3554  
 admin@ladiesgolfclub.com**