



2020 GOLF MEMBERSHIP

Surname:		First Name:			
<i>Please complete spouse information only if joining as a Couples Membership or an additional Range Membership.</i>					
Spouse Surname:		Spouse First Name:			
Address:					
City:		Province:	Ontario	Postal Code:	
Residence Phone:		Business/Cell Phone:			
Email:					

<i>Please complete if adding Juniors as members.</i>				Age:	M/F:	DOB
Junior Member Name:						
Junior Member Name:						

Please refer to Membership Package for further descriptions and fee structure

Category	#	#	After March 1		
Adult			\$ 1,649.00	\$ -	
Adult (20-29)			\$ 1,149.00	\$ -	
Adult Couple			\$ 2,899.00	\$ -	
Student (17-25)**			\$ 649.00	\$ -	** Required to provide proof of enrollment
Junior (10-16)			\$ 399.00	\$ -	
Junior Family			\$ 299.00	\$ -	
Beginner(under10)			\$ 130.00	\$ -	
Monthly Payment Plan Admin Fee			\$ 50.00		
Bundle Package			\$ 785.00	\$ -	
Rider Package			\$ 510.00	\$ -	
Range Balls			\$ 180.00	\$ -	
Locker			\$ 110.00	\$ -	
Club Storage			\$ 110.00	\$ -	

Club Account Payment Authorization

I authorize the Stratford Country Club to charge my credit card (provided below) on the first business day of each month for the balance owing on my Club and/or Membership Account unless payment has already been received by an alternate method

Credit Card Monthly Payment Authorization

I authorize the Stratford Country Club to charge to my account the amount owing to the club based on the Membership Package Payment Options Plan. I understand that the Payment Plan Option is due on the 1st of each month for twelve months and will be charged to the credit card provided below unless payment has already been received by an alternate method.

All Monthly Payment Plans Conclude in October of the Playing Season.

Subtotal	\$ -
HST	\$ -
Total	\$ -
Payments/Deposit	
Balance Due	\$ -

Number of Payments	
Monthly Amount	

Memberships Include:

- Unlimited Golf
- Advanced Online Booking
- GAO Membership (Golf Canada)
- Reciprocal Golf @ the LGC*
- Member Events and Programs

*Some Restrictions Apply

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Card #: _____ Member Signature: _____	CVC: _____ Expiry: _____ Date: _____
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Acceptance of Rules and Regulations SEE 'RULES AND REGULATIONS' FOR IMPORTANT INFORMATION

I have read and understood the Stratford Country Club Rules and Regulations. I agree to observe and abide by the Rules and Regulations of the Stratford Country Club. If I fail to observe and abide by the Rules and Regulations of the Club, I understand that I will be subject to sanctions which may include suspension or termination of my membership privileges.

Member Signature: _____ Date: _____

