



2022 - 2023 INDOOR 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
Residence Phone:		Business/Cell Phone:	
Email:			

Please refer to Membership Package for further descriptions and fee structure

Category	#	Pre-December 1	#	After December 1		
Full Access		\$ 499.00		\$ 549.00	\$ -	Club Account Payment
Members permitted to two (2) play periods per week. \$100 League Entry Fee if you wish to participate in league. Additional Weekly Hours at 50% off posted rate.					<input type="checkbox"/> 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	
Indoor League:						
<i>Member</i>				\$ 100.00	\$ -	
<i>Non-Member</i>				\$ 300.00	\$ -	

10 Pack		\$ 450.00		\$ 450.00	\$ -	Please Note:
Purchase a pack of 10, one-hour passes, and receive 12 passes.					- Bookings assume 1 player takes 1 hour to play 18 holes. - Only new, clean golf balls, without markings, may be used. Players causing damage to screen or equipment may be liable for replacement costs.	

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

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/>	CVC: _____
Card #: _____	Expiry: _____
Member Signature: _____	Date: _____

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. ***Proof of double vaccination must be provided prior to start of indoor season***

Member Signature: _____ Date: _____