



2017 GOLF MEM

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:			

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

Please refer to Membership Package for further descriptions and fee structure

Item	#	Pre-March 1	#	Post-March 1	
Adult		\$ 1,449.00		\$ 1,499.00	\$ -
Adult Couple		\$ 2,550.00		\$ 2,600.00	\$ -
Intermediate (20-29)		\$ 999.00		\$ 1,049.00	\$ -
Student (17-25)		\$ 585.00		\$ 585.00	\$ -
Junior (16 & Under)		\$ 349.00		\$ 349.00	\$ -
Junior Family		\$ 269.00		\$ 269.00	\$ -
Beginner		\$ 99.00		\$ 99.00	\$ -
<i>Monthly Payment Plan Admin Fee</i>				\$ 50.00	\$ -
Purchase all 4 and save - Bundle Package				\$725.00	\$ -
Rider Package				\$475.00	\$ -
Club Storage				\$115.00	\$ -
Range Balls				\$165.00	\$ -
Locker (January to December)				\$100.00	\$ -

Memberships In
 Unlimited G
 Advanced Online l
 GAO Members
 Reciprocal Golf @ t
 Member Events & F

**Some Restrictions /*

Monthly Membership Payment Aut

I authorize the Stratford Country C
my credit card (provided below) on the
day of each month for the amount owi
based on the Membership Package Pay
Plan unless payment has already been i
alternate method.

**All monthly payment plans conclude
the playing season.**

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.

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

Number of Payments	
Monthly Amount	

Visa MasterCard Amex
 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 (located on website, www.stratfordcountryclub.ca). I agree to observe 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 v to sanctions which may include suspension or termination of my membership privileges.

Member Signature: _____ Date: _____

BERSHIP

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 Booking
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 Programs

Apply

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Club to charge
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in October of

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and abide by
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