



2018-2019 CURLING MEMBERSHIP

Surname:		First Name:	
Spouse Surname:		Spouse First Name:	
Address:			
City:	Province: Ontario	Postal Code:	
Residence Phone:	Business/ Cell Phone:		
Email (1):		Email (2):	

Please complete if adding Juniors as members.

	Age:	M/F:	D.O.B.
Junior Member Name			
Junior Member Name			

Please refer to Membership Package for further descriptions and fee structure

Item	#	Price	
Adult (30+)		\$ 419.95	\$ -
Intermediate (20-29)		\$ 349.95	\$ -
Student (17-25)		\$ 259.95	\$ -
Junior (16 & Under)**		\$ 129.95	\$ -
<i>Monthly Plan Admin Fee if applicable</i>		\$ 25.00	\$ -
Locker (Nov 1 - Dec 31/18)		\$ 20.00	\$ -
Locker (Jan 1 - Dec 31/19)		\$ 110.00	\$ -
Club Account Payment Authorization		Subtotal	\$ -
		HST	\$ -
		Total	\$ -
		Deposit	
		Balance Due	

Memberships Include:
 Unlimited Curling
 OCA Membership
 Member Events & Programs

** Junior Membership includes: Highschool team fee (\$70 value), SCC junior program fee (\$50 value) and permits junior to participate in one (1) league, excluding Club Championship league.

Monthly Membership 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 amount owing to the club based on the Membership Package Payment Options Plan unless payment has already been received by an alternate method.

All monthly payment plans conclude in December of the playing season.

For Monthly Payments Only

Number of Payments	
Monthly Amount	

Visa MasterCard Amex

Card No: _____ 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.

Member Signature: _____ Date: _____

To Check Account Statements, Please Visit www.tee-on.com