## HURONSAUGA GOLF CLUB

## Membership Application Form – 2023 (MUST BE 55 YEARS OF AGE & OLDER)

***PLEASE PRINT CLEARLY – COMPLETE IN FULL, SIGN & DATE***

# Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit/Suite\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Telephone: \_\_\_\_\_\_- \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Applicant: \_\_\_\_\_ Renewal: \_\_\_\_\_ I prefer to play: 9-hole games \_\_\_\_\_ 18-hole games \_\_\_\_\_ Both \_\_\_\_\_\_\_

**MEMBERSHIP DUES:** $60.00 per member

All memberships expire on November 30 each year. MEMBERSHIP FEES ARE NON-REFUNDABLE.08

Etransfer to [huronsaugabanking@gmail.com](mailto:huronsaugabanking@gmail.com) OR cheque payable to: Huronsauga Golf Club.

Send cheques to: Margaret Miller, 5940 Glen Erin Drive, Unit 37A, Mississauga, Ontario L5M 5W9

APPLICATION FORM: Can be sent with cheque to Margaret Miller or if paying by etransfer, can send application form to [huronsaugagc@gmail.com](mailto:huronsaugagc@gmail.com)

DECLARATION

In becoming a member of the Huronsauga Golf Club I agree to abide by the Constitution and By-laws, it’s Rules and Regulations and the Golf Etiquette indicated in the Club’s Official Handbook, and those of Golf Canada and the Royal and Ancient Golf Club of St. Andrews.

#### PARTICIPANTS WAIVER

Membership in the Huronsauga Golf Club is conditional upon the applicant agreeing not to hold the City of Mississauga, Huronsauga Golf Club, it’s Directors, Officers, and Committee Members liable for any theft, loss of property, accident, injury, or death of either members or of their guests attending Club activities, whether arising as a result of negligence, breach of contract, strict liability or otherwise.

By signing this application, I agree that Huronsauga Golf Club (HGC) can use my name & the email address I have provided in this application to manage and administer various HGC functions, including but not limited to, tee time and event management. Other members may be able to view my email address. This information will not be divulged to any third party.

Further, this signed application represents consent to emergency medical treatment in the event of injury or illness during any Huronsauga Golf Club activity or event.

I have read and understand the terms and conditions of this Membership Application including the Declaration and Participants Waiver.

**\* SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: Every applicant must complete, sign and date their own registration form in order to apply for a membership in the Club. The club’s success is dependent on the active participation of ALL members. Please indicate if you would be able to assist in the following roles:

( ) Board – Executive ( ) Tournaments ( ) Social Events

( ) Coordinator – 9 Holes ( ) Coordinator – 18 Holes ( ) Special Events/Fun Days