

HURONSAUGA GOLF CLUB
Membership Application Form – 2025

(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: \$65.00 per member

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

Etransfer to 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

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 information 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 and phone number. This information will not be divulged to any third party. I also agree that my photo can be used in our newsletter when providing updates on tournaments, etc. Note: the newsletter is uploaded to our website.

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 check if you would be interested and/or willing to volunteer in some capacity: []