HURONSAUGA GOLF CLUB

Membership Application Form – 2027 **(MUST BE 55 YEARS OF AGE & OLDER)**

PLEASE PRINT CLEARLY – COMPLETE THE FORM IN FULL, SIGN & DATE

Last Name: _____ First Name: _____

Address: _____Unit/Suite_____

City: _____ Postal Code: _____

Telephone: _____- _____ - _____Email: _____

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

MEMBERSHIP DUES: $75.00 per existing member for 2027. For existing members who renew after December 31st 2026 they will be charged a late registration fee of $85.00. All memberships expire on December 31st each year. MEMBERSHIP FEES ARE NON-REFUNDABLE.
E-transfer to huronsaugabanking@gmail.com OR make a cheque payable to: Huronsauga Golf Club.
Send cheques to: **Linda Batch**, 1582 Lovelady Crescent, Mississauga, ON L4W 2Z1

APPLICATION FORM: Send the competed copy of this form to Linda Batch together with your cheque or if you are paying by e-transfer send this form to Linda Batch at the email address above

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, phone number and home address. 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: [ ]