

**HURONSAUGA GOLF CLUB**  
**Membership Application Form – 2021**  
*(MUST BE 55 YEARS OF AGE & OLDER)*

New Applicant: \_\_\_\_\_ Renewal: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Unit/Suite \_\_\_\_\_

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

I prefer to play \_\_\_\_\_ 9-hole games \_\_\_\_\_ 18 hole games

**MEMBERSHIP DUES: \$60.00 per new member, \$20 for 2020 member in good standing. All memberships expire on November 30 each year. MEMBERSHIP FEES ARE NON-REFUNDABLE.**

Please return this Application Form with your payment to:

Penny Prazak, Treasurer, Tel. 905-997-0186  
1725 The Chase, Unit 77, Mississauga L5M 4N3

Cheques payable to: **Huronsauga Golf Club**  
etransfer to [huronsaugabanking@gmail.com](mailto:huronsaugabanking@gmail.com) if submitted by email

**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 on a secure members only, password protected application. 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. Also, please indicate where you would be able to assist.**

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|--|--|
| <input type="checkbox"/> Board – Executive     | <input type="checkbox"/> Tournaments             |
| <input type="checkbox"/> Social Events         | <input type="checkbox"/> Special Events/Fun Days |
| <input type="checkbox"/> Coordinator – 9 Holes | <input type="checkbox"/> Coordinator – 18 Holes  |
| <input type="checkbox"/> Other _____           |  |

**The Club's success is dependent on the active participation of ALL members.**