



MEMBERSHIP APPLICATION

THE BROCKVILLE COUNTRY CLUB

Member # _____
 Buz _____
 Password _____
 Payment _____

Date of Birth
 Mon/Day/Year _____

Name of Applicant: _____ **eMail Addresses:** _____

(Only if applying for membership)
 Spouse's name: _____
 Child(ren)'s Name: _____

Type of Membership Activity: (check applicable boxes)

	SOCIAL	CURLING			GOLF			
		Regular	Junior	Little Rocks	Regular	Int. 35	Int. 28	Junior
Applicant	()	()	()	()	()	()	()	()
Spouse	()	()	()	()	()	()	()	()
Children	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()

Home Address: _____ **Postal Code:** _____

Home Phone #: _____ **Business Phone #:** _____

Check one:
 Please forward all correspondence to: () Home, or () eMail above, or () Business address below

Business:	Applicant:	Spouse (if applicable)
Name of Company: _____	_____	_____
Address: _____	_____	_____
Postal Code: _____	_____	_____
Phone Number: _____	_____	_____
Fax Number: _____	_____	_____

To the President:
 I hereby make application for membership in the Brockville Country Club and agree to be bound by the By-Laws, resolutions, rules, and regulations now in force, and from time to time enacted by the Board of Directors.

 Applicants **Signature** Spouses **Signature** (if applicable) **Date**

Previous Member _____ *New Member* _____ *New Member Program Sponsor* _____