CAMELOT GOI & GOUNTRY CLUB

CORPORATE MEMBERSHIP APPLICATION

Company Nar	me:
Billing Addre	
Telephone:	(Street address, city & postal code)
Business Cor	ntact:
Business Em	ail:
Business Lice	ense or Revenue Canada Business Number:
O Yes, I	agree to receive club correspondence at this email address
	Please complete the attached Corporate Member Roster
Initiation Fee	\$1,500 (+HST) per year for 10 years \$12,000 (+HST) one-time fee (20% savings)
	t your Corporate package option: (can be changed annually)
Platinum	Gold (60 rounds) Silver (40 rounds) Bronze (20 rounds)
Should my ac	ccount fall in arrears, or I fail to meet my minimum spending requirement, I authorize the Club to make payment from the following credit card:
Type of card	Credit card # Expiry date
	Code
*Cardholder's	s Signature
How did you	hear about our Corporate Membership option? (Select all that apply)
0	
0	
	low the applicant applies for a Corporate Membership at <i>Camelot Golf & Country Club</i> and agrees as follows:
•	The Corporate Membership is an Associate Membership per club Bylaws. The applicant's Membership is subject to acceptance by the Board of Governors of <i>Camelot Goly & Country Club</i> . If the applicant's membership is not accepted any fees submitted will be returned to the applicant without interest. The applicant agrees to comply with the letters patent, by-laws, rules and regulations of
•	Camelot Golf & Country Club. If the Corporation wishes to resign from the Club, you MUST provide notice of resignation by the deadline prescribed in our rules & regulations (November 1st) Failure to provide such notice by the deadline may result in dues being payable for following
•	season. The Corporation may adjust packages and/or names on their Roster annually. Payment for the membership & initiation fee accompanies this application. The applicant agrees to allow Camelot to use their personal information provided above solely for purposes related to the normal administration of the club, per our Privacy Policy.
DATED this	day of, 20
	·
*Applicant's S	Signature



Golf	Season	20	
UUL	Scason	40	

Please list the 4 employees that will be eligible to play under this Corporate membership:

#1		
Name of Applicant:		
Home Address:	(Street address, city & postal code)	
Telephone - Home:	(Street address, city & postal code) Cell:	
Date of Birth: (mm/dd/yy)	Position in Corporation:	
#2		
Name of Applicant:		
Home Address:	(04	
Telephone - Home:	(Street address, city & postal code) Cell:	
D 6 1D 3		
	Position in Corporation :	
#3		
Name of Applicant:		
Home Address:		
Telephone - Home:	(Street address, city & postal code) Cell:	
5 6 15 1		
	Position in Corporation:	
#4		
Name of Applicant:		
Home Address:		
Telephone - Home:	(Street address, city & postal code) Cell:	
-		
,	Position in Corporation:	