S.	Мемве	RSHIP APPLIC	ATION FORM
	Premium	n Member	Weekday Member
GOLF & COUNTRY CLUB	Member#	Locker#:	(office use only)
Name of Appl	icant:		
Home Addres			
Telephone - H		treet address, city & g	postal code) Cell:
Preferred Ema			0
	agree to receive club (correspondence at	this email address
	-	-	
Occupation:			
-	usiness:		
Business Add			
Telephone:			Fax:
_			
			nimum spending requirement, I
			hake payment from the following credit card:
Type of card _	Credit card # _		Expiry date
			Code
*Cardholder's	Signature		
0	bers can have their Spor		• -
O Yes, I	would like to have a con	nplimentary Spousa	l membership
How did you	hear about our Regular Member referral	Membership option?	(Select all that apply)O Twitter
0	Website		O Print Ad
0	E-mail communication	1	• Other:
		s for a Regular Men	nbership at Camelot Golf & Country Club and
acknowledges a	& Country Club. If the	applicant's members	ptance by the Board of Governors of <i>Camelot Golj</i> ship is not accepted any fees submitted will be
•	returned to the applicant The applicant agrees to c and regulations of <i>Camel</i>	comply with the letters	patent, by-laws, members code of conduct, rules
•	If you wish to resign from Surrender Form by the d Failure to provide such	m the Club, you MUS' leadline prescribed in o	T provide your completed Membership Certificate our rules & regulations (November 1 st) e may result in dues being payable for following
•		allow Camelot to use	their personal information provided above solely
•	tor nurnoses related to th	ie normal administrati	ion of the club, per our Privacy Policy.
•			, 20