



Twilight Players Program Application Form 2019 Season

Name

Mailing Address

City

Postal

Phone (Home)

Phone (Cell)

Email address

Consent

I consent to the use of this email for the use of emails from the Turner Valley Golf Club for general mass communications and league results purposes.

Birth Date

(for Junior Players Only-Born ON or After January 1, 2002)

I hereby make application for membership in the **Turner Valley Golf Club**. If elected to membership, I agree to abide by the policies and rules and regulations of the Club. I agree to pay all dues, fees, and other charges which may, from time to time, be payable by me to the Club.

Signature (print if emailing form)

Date

Payment Information: Payment is required at time of application.

Payment Type

Credit Card No.

Month

Year

Visa

MasterCard

In Person

FOR OFFICE USE ONLY

Date Received

Received By