



TURNER VALLEY GOLF CLUB ASSOCIATE MEMBERSHIP



APPLICATION FORM

Name

Address

City

Postal Code

Telephone(home)

Telephone (cell)

Email

Birth Date

I give the Turner Valley Golf Club permission to use my personal information for use in their club roster.

I consent to the use of this email address for the use of emails from the Turner Valley Golf Club for general mass communications.

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

Date

Name of nominating members (if applicable)

Application approved at Board of Directors Meeting of

General Manager

Date