

CLUB DE GOLF  
**BEACONSFIELD**  
 GOLF CLUB  
 49 Golf Avenue  
 Pointe-Claire, Quebec  
 H9S 4N6  
 Canada



NAME OF APPLICANT	DATE OF BIRTH

HOME ADDRESS	BUSINESS ADDRESS
Street Address:	Street Address:
City:	City:
Postal Code:	Postal Code:
Home Tel:	Home Tel:
Cell:	Cell:
Email:	Email:

EMPLOYER NAME	POSITION/TITLE
Email statements to: <input type="checkbox"/> Home <input type="checkbox"/> Office	

NAME OF SPOUSE (IF JOINING)	DATE OF BIRTH

HOME ADDRESS	BUSINESS ADDRESS OF SPOUSE
Street Address:	Street Address:
City:	City:
Postal Code:	Postal Code:
Home Tel:	Home Tel:
Cell:	Cell:
Email:	Email:

EMPLOYER NAME	POSITION/TITLE

If you have juniors who wish to join, please request a Junior Application Form.

**CLUB DE GOLF  
BEACONSFIELD  
GOLF CLUB**  
49 Golf Avenue  
Pointe-Claire, Quebec  
H9S 4N6  
Canada



<b>OTHER CLUB INFORMATION</b>	
Dates of Membership:	Club:

<b>Golf Quebec ID#</b>

<b>PROPOSER</b>	<b>SECONDER</b>
Name:	Name:
Number of years known:	Number of years known:
Signature:	Signature:

<b>MEMBERS KNOWN TO THE APPLICANT</b>	
Name:	Name:
Number of years known:	Number of years known:
Home Tel:	Home Tel:

<b>MEMBERS KNOWN TO THE APPLICANT</b>	
Name:	Name:
Number of years known:	Number of years known:
Home Tel:	Home Tel:

<b>MEMBERSHIP CATEGORY REQUESTED</b>	<b>DIRECTOR MET</b>
Regular:	Name of Director:
Associate:	Date of meeting:
Couple ++ (two regulars):	
Couple (one regular and one associate):	
Social:	

**OFFICE USE ONLY**

<b>NEW MEMBER</b>		<b>Date</b>	<b>Initial</b>
Category requested:	Minutes		
	Billing		
Account Number:	Entrance Fee		
	Computer File		
Category Number:	Email Provider		
	Letter		
Other information	Roster Update		
	Minimum		
	GGGolf		