

Beaconsfield Golf Club
49 Golf Avenue, Pointe Claire
Quebec, Canada H9S 4N6



NAME OF APPLICANT	DATE OF BIRTH

HOME ADDRESS	BUSINESS ADDRESS
Address 1:	Address 1:
Address 2:	Address 2:
Home Tel:	Business Tel:
Cell:	Cell:
Email	Email

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

NAME OF SPOUSE	DATE OF BIRTH

HOME ADDRESS	BUSINESS ADDRESS
Address 1:	Address 1:
Address 2:	Address 2:
Home Tel:	Business Tel:
Cell:	Cell:
Email:	Email:

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

If they plan to participate in the junior program

JUNIORS (NAMES)	DATE OF BIRTH	M or F

49 Golf Avenue, Pointe Claire
Quebec, Canada H9S 4N6



OTHER CLUB INFORMATION	DETAILS AND DATES

Letters of recommendations required

PROPOSER	SECONDER
Name: _____	Name: _____
Number of years knows: _____	Number of years known: _____
Signature: _____	Signature: _____

Four letters of recommendation required within one year of joining

MEMBERS KNOWN TO THE APPLICANT	
Name: _____	Name: _____
Number of years known: _____	Number of years known: _____
Home Tel: _____	Home Tel: _____
MEMBERS KNOWN TO THE APPLICANT	
Name: _____	Name: _____
Number of years known: _____	Number of years known: _____
Home Tel: _____	Home Tel: _____

MEMBERSHIP CATEGORY REQUESTED	DIRECTOR MET:
Regular: _____	Name of Director: _____
Associate: _____	Date of meeting: _____
Couple ++ (two regular): _____	
Couple (One Regular + one Associate): _____	

OFFICE USE ONLY

	NEW MEMBER	Date	Initial
CAtegrory requested	MINUTES		
	BILLING		
Acct No	ENTRANCE FEE		
	COMPUTER FILE		
Category No	LETTER		
	ROSTER UPDATE		
Other information	MINIMUM		
	GGGOLF		