



# TURNER VALLEY GOLF CLUB INTERMEDIATE MEMBERSHIP (19-34)



## 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.

***\*Spouses applying for Membership must complete a separate Membership Application Form. Applications are presented to the Board of Directors for consideration in the order in which they are received.***

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)

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Application approved at Board of Directors Meeting of

General Manager

Date