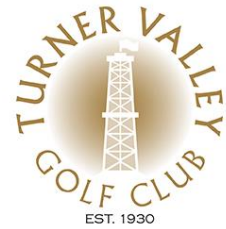


**Turner Valley Golf Club
Junior Membership (18 and under)**



Application Form

Name

Address

City

Postal Code

Telephone(home)

Telephone (cell)

Email

Birth Date

Sponsoring Shareholder

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

I,

(Sponsoring Shareholder) requests a junior membership for

I understand that I will be responsible for ensuring that he/she understands and abides by the policies, rules and regulations of the Club.

Signature

Date

Application approved at Board of Directors Meeting of:

General Manager

Date