



SARNIA GOLF AND CURLING CLUB

Membership Request Form

Please complete the form below and we will contact you with the appropriate information. Kindly enter the information in each field if possible.

Name _____

E-mail _____

Business Phone _____

Home Phone _____

Cell Phone _____

Address _____

City _____

Province _____

Postal Code _____

Type of Membership

Golf

 Curling

 Social

Age Category

<input type="checkbox"/> Juvenile	under 12	<input type="checkbox"/> Intermediate	19 -29
<input type="checkbox"/> Junior*	12 - 18	<input type="checkbox"/> Intermediate	30 -35
<input type="checkbox"/> Student*	19 - 24	<input type="checkbox"/> Adult	36 +

***Membership Connection (required for Juvenile, Junior & Student)**

Name _____ **Account#** _____

Relationship _____

I would like to be contacted by:

Business Phone

 Home Phone

 E-mail

Other Contact Information: _____

Date Received: _____