

MEMBERSHIP APPLICATION HIGHLAND COUNTRY CLUB

1922 Highland Heights
London, Ontario N6C 2T4

TO BE COMPLETED BY APPLICANT

SPOUSE OF APPLICANT (IF APPLICABLE)

Dr. Mr. Mrs. Miss Ms.

Name: _____

Address: _____

City: _____ Postal Code: _____

Date of Birth: _____

Email Address: _____

Occupation: _____

Name of Firm: _____

Address of Firm: _____

Mailing Address Preferred: Office Residence

Residence Phone #: _____

Business Phone #: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Date of Birth: _____

Email Address: _____

Occupation: _____

Name of Firm: _____

Address of Firm: _____

Residence Phone #: _____

Business Phone #: _____

MEMBERSHIP CATEGORY	NOTES (CHECK IF APPLICABLE)	DATE OF BIRTH
FULL CURL <input type="checkbox"/>	<input type="checkbox"/> SPOUSE (CHECK IF APPLICABLE)	N/A
SENIOR MEN LIMITED CURL <input type="checkbox"/>		N/A
DAY LADIES LIMITED CURL <input type="checkbox"/>		N/A
FRIDAY NIGHT SOCIAL <input type="checkbox"/>		N/A
INTERMEDIATE (21 -29) <input type="checkbox"/>		
STUDENT (14 -24) <input type="checkbox"/>	Child's Name _____	DATE OF BIRTH: _____
JUNIOR/BANTAM (13-20) <input type="checkbox"/>	Child's Name _____	DATE OF BIRTH: _____
LITTLE ROCK (7-12) <input type="checkbox"/>	Child's Name _____	DATE OF BIRTH: _____

Name of Applicant: _____
(Please Print)

Name of Applicant: _____
(Please Print)

(Signature)

(Signature)