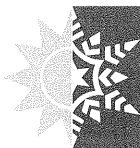


Application for TRIAL Golf Membership : Unrestricted Long Course

Application for TRIAL Golf Membership : Restricted Long Course

Application for TRIAL Golf Membership : Valley Course



# Thornhill Country Club

7994 Yonge Street, Thornhill, Ontario L4J 1W3  
Tel: (905) 881-3000 Fax: (905) 881-9870

## APPLICATION FOR MEMBERSHIP

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	SURNAME	FIRST NAME	
HOME ADDRESS	CITY	POSTAL CODE	
HOME TELEPHONE NUMBER	HOME FAX NUMBER	HOME E-MAIL ADDRESS	
BUSINESS (COMPANY NAME)	BUSINESS ADDRESS	POSTAL CODE	
POSITION	BUS. TELEPHONE NUMBER	BUS. FAX NUMBER	BUS. E-MAIL ADDRESS
PLEASE INDICATE YOUR PREFERRED ADDRESS TO BE USED BY THE CLUB: HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/>			
DATE OF BIRTH		SOCIAL INSURANCE NUMBER	

I WISH TO APPLY FOR MEMBERSHIP AS A:

SENIOR  INTERMEDIATE III  INTERMEDIATE II  INTERMEDIATE I  JUNIOR II  JUNIOR I   
(AGES 31 - 35) (AGES 25 - 30) (AGES 19 - 24) (AGES 12 - 18) (AGES 8 - 11)

I WISH TO APPLY FOR MEMBERSHIP IN THE CATEGORY/CATEGORIES OF:

CLUBHOUSE  GOLF: LONG COURSE  SPORTS SECTION: YEARLY: CURLING  SEASONAL: CURLING   
VALLEY COURSE  TENNIS  TENNIS

THORNHILL COUNTRY CLUB RESERVES THE RIGHT TO CONDUCT A CREDIT CHECK ON THE APPLICANT.

DEPOSIT ATTACHED \$ \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_ (CASHED UPON BOARD APPROVAL)

OTHER CLUBS TO WHICH APPLICANT HAS BELONGED: \_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND NOT MISLEADING TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF MY APPLICATION FOR MEMBERSHIP IS APPROVED, I UNDERTAKE AND AGREE TO BE BOUND BY ALL THE PROVISIONS AND CONDITIONS OF MEMBERSHIP, INCLUDING THE BY-LAWS, RESOLUTIONS, AND OTHER REGULATIONS OF THE CLUB AS ENACTED NOW OR HEREAFTER.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

FOR OFFICE USE ONLY:

SIGNATURE OF DIRECTOR \_\_\_\_\_ SIGNATURE OF DIRECTOR \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_ DATE APPLICATION RECEIVED \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_



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## REFERENCE QUESTIONNAIRE

PROPOSER

SECONDER

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

MEMBERSHIP APPLICANT IS APPLYING FOR: \_\_\_\_\_

THE CHARACTER OF THIS CLUB IS ENTIRELY DEPENDENT UPON THE PERSONS ADMITTED TO MEMBERSHIP. IT IS OF UTMOST IMPORTANCE THAT THE INFORMATION PROVIDED IN THE REFERENCE QUESTIONNAIRE BE YOUR COMPLETE, UNBIASED AND HONEST OPINION.

1. HOW WELL DO YOU KNOW THE APPLICANT?

VERY WELL

WELL

SLIGHTLY

2. UNDER WHICH OF THE FOLLOWING CIRCUMSTANCES HAVE YOU KNOWN THE APPLICANT?

A) BUSINESS \_\_\_\_\_ # OF YEARS

B) PERSONAL/SOCIAL \_\_\_\_\_ # OF YEARS

C) FAMILY \_\_\_\_\_ # OF YEARS

3. WOULD YOU BE LIKELY TO INCLUDE THE APPLICANT IN YOUR GOLFING, TENNIS OR CURLING ACTIVITIES AT THE CLUB?  
\_\_\_\_\_

4. WOULD YOU BE LIKELY TO INCLUDE THE APPLICANT IN YOUR SOCIAL ACTIVITIES AT THE CLUB?  
\_\_\_\_\_

5. YOUR CANDID ASSESSMENT OF THE APPLICANT AS A PROSPECTIVE MEMBER OF THE CLUB IS ESSENTIAL. COMMENTS UNDER THIS ITEM ARE PARTICULARLY IMPORTANT. THIS SECTION MUST BE COMPLETED. CONSIDER THE FOLLOWING:

A) DESIRABILITY AS A THORNHILL MEMBER \_\_\_\_\_

B) SOCIAL ACCEPTABILITY \_\_\_\_\_

C) FINANCIAL RESPONSIBILITY \_\_\_\_\_

D) ADDITIONAL COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



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D) ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_