



Thornhill Country Club

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

APPLICATION FOR MEMBERSHIP

MR.
 MRS.
 MS.
 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 BUSINESS

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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