



THOMPSON GOLF CLUB

2021 MEMBERSHIP

Name of Applicant _____

Partner _____

Junior(s): _____

Address: _____ Cell Phone: 204- _____

Postal Code: R8N- _____ Home Phone: 204- _____

Email: _____

Name of Junior Sponsor: _____

Type of Membership:	QTY	TOTAL
_____	_____	_____
_____	_____	_____

Cart Path Fees _____

Club Storage _____

SUBTOTAL _____

GST @ 5% of Subtotal _____

Fundraising Assessment (\$120.00) _____
(all adult memberships)

_____ **TOTAL**

Payment Method: _____ Card Number _____

Expiry: _____

Signature of Applicant

Date: _____
Agent
