



THOMPSON GOLF CLUB

2023 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 _____