2					
Name:					
Street Address:					
City, Province, Postal Code:					
Telephone Number:					
Email Address:					
Membership / Payment Information:	Membership Category:				
Check Payment Option Selected	Amount Enclosed:				
PRE DECEMBER 31 Full Payment	Automatic Withdrawal (3% Service Charge Applies)				
PRE DECEMBER 31 4 Equal Payments	Cheque				
(Sept 1, Oct 1, Nov 1, Dec 1) POST JANUARY 1st Full Payment	Credit Card (3% Service Charge Applies)				
POST JANUARY 1st 8 Equal Payments (Sept 1, Oct 1, Nov 1, Dec 1, Jan 1, Feb 1, Mar 1, April 1)	Cash/Debit				
AUTOMATIC WITHDRAWAL INFORMATION					
Bank Name:					
Bank Transit #:					
Bank Account:					
Pre-Authorized Payment- The Member must enclose a void cheque and must authorize the Club to					
deduct monthly instalments from the Member's bank account as follows:					
The term of this agreement is consecutive months commencing on 20					
The Member shall not be relieved of his/her obligation to pay any fees herein agreed to, and no deduction of allowance from such fees shall be made by reason of withdrawal of the member by reason					
of the Member's failure to attend or use					
The Member shall pay the following for Club. Membership Fee: Me	his/her membership and his/her right to use the servi onthly Instalments of:	ces of the			
	scind this Agreement by delivering written notice to t igned. In such a case a full refund will be given.	he Club			
The Arnprior Golf Club at Sand Point PO Box 307 Station Main					
Arnprior, Ontario K7S 3H6					

www.arnpriorgolfclub.com

Accorted and Across		
<u>Accepted and Agreed</u> : (signature of applicant)	 <u>.</u>	
DATE:	_	
WITNESS:		
DATE:	 <u> </u>	

The Arnprior Golf Club at Sand Point PO Box 307 Station Main Arnprior, Ontario K7S 3H6 www.arnpriorgolfclub.com