



EVENING LADIES LEAGUE REGISTRATION

THE WINSTON™
GOLF CLUB

New Member:

Returning Member:

If new, how did you hear about our league?

Last Name, First Name

Email Address

Address

City, Prov, Postal Code

Phone

Alternate Phone

Applicant Signature

Date of Registration

What items are you purchasing for 2024:

_____ 2024 Evening Ladies 10 Round Punch Card (\$850 plus GST)

_____ Ladies League Clinic Registration (\$225 plus GST)

Payment Method:

_____ Credit Card

_____ E-Transfer

_____ Cheque

FOR OFFICE USE ONLY

Received at: _____ (date) Received at: _____ (time) Received by: _____ (initials)

Acceptance Date of Ladies League Registration: _____

2024 Ladies League Fees = _____

Registration Number Assigned: _____

Payment Received: _____

PRE-AUTHORIZED PAYMENT



This authorization will allow the The Winston Golf Club Ltd. to automatically process your statement balance. Payment processing will occur the third week of each month with the exception of February. The charge to your credit card will be for charges placed on your member account in the previous month. All credit card information is held in strict confidentiality.

Membership Number: _____

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Credit Card Type: Visa Mastercard

Credit Card Number: _____

Expiry Date of Credit Card: __ / __

Name as it appears on the credit card: _____

Note for Shareholders, and B Golf Members: Unless otherwise specified, annual dues payments will be processed on this card on February 28 of each year (or the last business day of February).

I hereby grant authorization to the The Winston Golf Club Ltd. to debit the credit card I have noted above for the purposes of paying charges incurred at the The Winston Golf Club Ltd.

Signature

Date

NOTE: Charges on your member account cannot be processed if your credit card expires or is replaced. It is your responsibility to contact us before your card expires or if you receive a new card number.