



THE WINSTON™
GOLF CLUB

INTERMEDIATE MEMBERSHIP APPLICATION

This application is subject to approval by the Club, and the Club reserves the right to refuse any application.

The applicant must be between the ages of 19 and 29, as of May 1 in the year that application is made. Proof of date of birth may be requested.

This membership along with access to reciprocal facilities expires on December 31 of the year for which the membership was purchased.

Title (Mr., Mrs., Ms.,Dr.)

Last Name, First Name, and Initial(s)

Date of Birth

Address

City, Prov, Postal Code

Phone

Alternate Phone

Personal Email

Business Email

Applicant Signature

Date of Application

NOTE: Intermediate members who would like to be granted charging privileges at The Winston will need to complete a pre-authorized credit card debit form. Mid-way through each month The Winston will process payment on the valid credit card provided on this form, for charges made the previous month. If the credit card transaction is refused for any reason, the member will be notified immediately by email, and charging privileges will be suspended until the matter is cleared up

Please return the completed form along with payment for the membership.

FOR OFFICE USE ONLY

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

Acceptance Date of Intermediate Membership: _____

Current Annual Dues incl. GST = \$1,890.00 paid: Yes No

Membership Number Assigned: _____

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.