



COUNTRY HILLS

**2012 ANNUAL WEEKDAY
GOLF MEMBERSHIP APPLICATION**

I hereby apply for an Annual Weekday Membership in Country Hills Golf Club (the Club) by completion of this application and delivery of the annual dues payable for 2012. (See reverse).

I agree to be bound by the "Articles of Association" and the "Rules and Regulations" for the Club and any changes or additions as approved by the Board of Directors of the Club.

Payment in full by cheque or cash is required to accompany this application. All funds are payable to "Country Hills Golf Club".

NAME: _____
(Please Print)

BILLING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL: _____ FAX: _____ EMAIL: _____

SIGNATURE OF APPLICANT: _____

PLEASE PRINT NAME: _____

FOR OFFICE USE ONLY

This application is accepted by the Country Hills Golf Club this _____ day of _____, 2____

Application Number: _____

Per: General Manager

...please turn over

2012 Dues	Range	GST	Total
\$3,100.00	\$100.00	\$160.00	\$3,360.00

A food and beverage minimum spending requirement of \$500.00 (plus gratuity, plus GST) shall apply.

Privileges:

1. The member may golf Monday through Friday only. Green fees are applicable to guests.
2. 3 Guest Green Fee passes are included with the membership.
3. Complimentary range is included for member and guest.
4. Tee time booking privileges are the same as for Shareholder members.
(Exception: no playing privileges on weekends or statutory holidays)

To allow for charging privileges at Country Hills Golf Club, I hereby authorise Country Hills to clear my account by PREAUTHORISED BANK DEBIT on the last day of each month, as per my signed authorisation accompanying this application. Should any payment not clear the bank, all membership privileges will be cancelled until payment is received by CASH, CHEQUE or ONLINE BANKING.

Accounts unpaid 30 days after the statement date are subject to a 2% service charge.

Acknowledged: _____

Applicant signature

IN CASE OF EMERGENCY, please notify:

NAME: _____ **PHONE: (H)** _____ **(B)** _____ **Cell:** _____

ADDRESS: _____

Country Hills Golf Club
1334 Country Hills Boulevard NW
Calgary, Alberta T3K 5A9
(403) 226-7761

Country Hills Golf Club

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I authorize the Payee, **Country Hills Golf Club**, and the financial institution designated below, to begin deductions as per my instructions for monthly regular variable payments and/or one-time payments from time to time, for payment of all charges arising under my Country Hills Golf Club account, through my account as detailed below. Regular monthly payments for the full amount of goods or services delivered will be debited to my specified account on the last business day of the month following the month in which the charges were incurred. Country Hills Golf Club will provide a current statement detailing all charges to the account.

This authority is to remain in effect until Country Hills Golf Club has received written notification from me of its change or termination. The notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

I confirm that:

- (a) All persons required to sign on my account with my FI have signed this agreement
- (b) I certify that all personal and account information recorded in this Agreement is correct, and that I will inform Country Hills Golf Club in writing of any change to such information at least 10 business days prior to the next due date of the PAD at the address provided below. Country Hills Golf Club may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me.

I understand that I have the right to receive reimbursement for any PAD that is not authorized or is not in accordance with this PAD agreement, or if the Agreement was revoked, or if no Agreement exists between me and the purported payee.

If I am claiming reimbursement, I must, within 90 calendar days of the date of the posting of the PAD, complete a declaration to my FI that I have a claim for one of the reasons given in the preceding paragraph.

In the case where the declared condition is "no Agreement exists between me and the purported Payee" I may claim reimbursement within 90 calendar days after the posting date on my account statement which shows the improperly posted debit.

Any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me and Country Hills Golf Club.

To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT

Name: _____ **Country Hills Golf Club Account #:** _____

Financial Institution (FI): _____

FI Account Number: _____ **FI Transit Number:** _____
Please attach a void cheque if possible (branch – 5 digits; FI – 3 digits)

FI Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

I understand and agree to the terms and conditions of this Agreement

Authorized Signature: _____ **Date:** _____

Country Hills Golf Club
1334 Country Hills Boulevard NW
Calgary, AB, T3K 5A9
Tel: 403.226.7761
Email: admin@countryhills.ab.ca