

Chippewa Creek Golf at Mt. Hope
Membership Application Form

*Please complete the form and return with your payment.
 Payment must be made in full before playing privileges begin.*

LAST NAME: _____ FIRST NAME: _____

Other Applicants (Spouse, Partner, Child)

LAST NAME: _____ FIRST NAME: _____

CHILD: _____ CHILD: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

SIGNATURE: _____ DATE: _____

Please make cheques payable to: Chippewa Creek Golf at Mount Hope

Applications may be submitted to Pro Shop or mailed to
 Chippewa Creek Golf at Mt. Hope
 9639 Chippewa Rd West, P.O. Box 99,
 Mount Hope, ON. LOR 1W0.

PROSHOP USE

MEMBERSHIP ITEMS PURCHASED & AMOUNT	AMOUNT
MEMBERSHIP CATEGORY	
DRIVING RANGE	
CLUB STORAGE	
POWER-CART	
SUB-TOTAL	
2% DISCOUNT FOR CASH, DEBIT OR CHEQUE	
SUB-TOTAL	
HST TO BE ADDED	
TOTAL AMOUNT PAID	

PAYMENT TYPE: (please check) VISA _____ MASTERCARD _____ AMEX _____

CREDIT CARD NUMBER: _____ EXPIRY MTH/YR: _____ / _____

DEBIT _____ CASH _____ CHEQUE _____

PAYMENT DATE: D/M/YR _____ / _____ / _____ STAFF (receiving payment): _____