

KENOGAMISIS GOLF CLUB -- FAMILY MEMBERSHIP APPLICATION

All information is confidential and will not be shared.

Parent #1: Last Name: _____ **First Name:** _____

Email: _____

Phone Number: _____

Parent #2: Last Name: _____ **First Name:** _____

Email: _____

Phone Number: _____

Mailing Address:

Children's Name:

1. _____ **Age:** _____ **Birth date:** _____

2. _____ **Age:** _____ **Birth date:** _____

MEMBERSHIP FEES INCLUDE HST AND GOLF CANADA AFFILIATION FEE.

FAMILY MEMBERSHIP: \$2000

Additional Children: (\$100 each)

3. _____ **Age:** _____ **Birth date:** _____

4. _____ **Age:** _____ **Birth date:** _____

_____ X \$100 = _____ (Does not include Golf Canada Affiliation Fee)

OTHER: (includes HST)

CADDYSHACK: \$40.00 x _____ = _____ **CART PATH: \$160.00 # _____**

TOTAL: \$ _____

Full payment method	CHEQUE	CASH	VISA	MC	DEBIT	etransfer
Date:						

OR

Payment Schedule	#	Date	Payment method	Amount paid
50% of the total	1			
(by July 1, 2026)	2			

All payment must be received by July 1, 2026 or golf will be suspended until payment.

Member's Signature: _____

Staff Signature: _____