

# KENOGAMISIS GOLF CLUB -- FAMILY MEMBERSHIP APPLICATION

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**All information is confidential and will not be shared.**

**Parent #1: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Parent #2: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Contact Information:**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_

**Children's Name:**

1. \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

2. \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**MEMBERSHIP FEES INCLUDE HST and Affiliation Fee.**

**FAMILY MEMBERSHIP: \$2000**

**Additional Children: (\$100 each)**

3. \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

4. \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

\_\_\_\_ X \$100 = \_\_\_\_\_

**OTHER: (includes HST)**

**CADDYSHACK: \$40.00 #** \_\_\_\_\_  **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, 2025)	2				

**All payment must be received by July 1, 2025 or golf will be suspended until payment.**

**Member's Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_