



Vernon Golf & Country Club

Mission Statement: To provide our members and guests exceptional golf, clubhouse facilities and services in a fiscally responsible manner

APPLICATION FOR JUNIOR MEMBERSHIP

NAME _____

ADDRESS _____
(Postal Code)

PHONE _____
(Home) (Parent's Work) (Parent's Cell)

DATE OF BIRTH: _____ EMAIL: _____
(DD/MM/YYYY)

Junior Membership (12 - 18 Years)	No Entrance Fee required
2010 Dues	\$399.00
\$380.00 plus 5% GST	

I _____ hereby apply for JUNIOR
(Name) (Classification)

membership in the Vernon Golf & Country Club. I agree to accept membership subject to the Constitution and By-Laws and Policy and Procedures of the Club.

(Signature of Applicant)

A parent or guardian must sign for the junior applicant.

Parent's Name _____ Signature _____

PERMISSION TO CHARGE TO JUNIOR ACCOUNT

Junior Members require permission from their parents or guardians for charge privileges. A valid credit card must be left on file to guarantee any charges.

I hereby grant _____ permission to charge items at the
(name of Junior Member)
Vernon Golf & Country Club. I understand that the statement balance will be billed to my credit card on the 15th of the month following the statement date.

(Name of Parent)

(Signature) _____
(Date)

Credit Card _____ Expiry _____

Office Use:	Amount Paid _____	Date Paid _____
	Receipt No. _____	Membership No. _____
	Web _____	Jonas _____
		Card _____