



2019 CLUB MEMBERSHIPS (NON-TRANSFERABLE)

Primary Member Name _____

Address _____

Home No. _____ Work No. _____ Cell No. _____

Email Address _____

Sign me up to the KaneffGolf Email Club to receive information related to memberships & promotions.

ADDITIONAL MEMBERS	Name	Email
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

MEMBERSHIP DETAILS

SIGNATURE CLUB	ESCARPMENT CLUB	PLAYERS CLUB	SELECT CLUB	CENTURY PINES	STREETSVILLE GLEN
<input type="checkbox"/> Unrestricted \$3,995	<input type="checkbox"/> Unrestricted \$2,995	<input type="checkbox"/> Unrestricted \$2,495	<input type="checkbox"/> Unrestricted \$1,695	<input type="checkbox"/> Unrestricted \$1,595	<input type="checkbox"/> Unrestricted \$1,395
<input type="checkbox"/> Weekday \$2,995	<input type="checkbox"/> Weekday \$2,395	<input type="checkbox"/> Weekday \$1,995	<input type="checkbox"/> Weekday \$1,495	<input type="checkbox"/> Weekday \$1,195	<input type="checkbox"/> Weekday \$995
<input type="checkbox"/> Weekend \$2,995	<input type="checkbox"/> Weekend \$2,395	<input type="checkbox"/> Weekend \$1,995	<input type="checkbox"/> Weekend \$1,495	<input type="checkbox"/> Twilight \$795	<input type="checkbox"/> Twilight \$695
<input type="checkbox"/> Twilight \$1,995	<input type="checkbox"/> Twilight \$1,595	<input type="checkbox"/> Twilight \$1,195	<input type="checkbox"/> Twilight \$1,295		
<input type="checkbox"/> Lionhead only \$3,295	<input type="checkbox"/> Royal Ontario only \$2,495	<input type="checkbox"/> Carlisle only \$2,095			

PAYMENT DETAILS

Card Type _____

Name on the Credit Card _____

Credit Card Number _____

Expiry Date _____

\$ _____	Membership Fee
\$ _____	13% HST
\$ _____	TOTAL

I authorize KaneffGolf to charge my credit card for the 2018 Golf Membership fees. My signature on this form will serve as authorization.

Signature _____

Date _____

OFFICE USE ONLY	
Membership Type _____	Membership No. _____
Golf Course _____	Method of Payment _____
Sales Consultant _____	Date of Payment _____

