



2010 Member's Information:

Last Name: _____

First Name: _____

Address: _____

E-mail: _____

City: _____ Province: _____ Postal Code: _____

Day Time Number: (____) _____ Night Time Number:

(____) _____

Type of Membership: _____ Price:

Promotion Packages: _____ Price:

Total amount:

Member's Number: _____ Credit Card Number: _____

Expiry Date: _____

Member's Number: _____ Member's Signature: _____

Date: _ _ / _ _ / _ _ _ _

Hammond Golf Club 600 Golf Road, Hammond, Ontario K0A 2A0

Tel: (613) 488-2277 Fax: (613) 488-3254 www.hammondgolf.com