



Lookout Point Country Club, Ltd.

209 Tice Road, PO Box 709, Fonthill ON, L0S 1E0
 Ph. 905-892-2639 Fx. 905-892-4984 www.lopcc.com

2018 CORPORATE MEMBERSHIP APPLICATION

DATE OF SUBMISSION: (MM/DD/YYYY)

NAME OF BUSINESS & ADDRESS:

BUSINESS PHONE No:

HAVE YOU MADE AN APPLICATION OR HELD MEMBERSHIP IN ANY COUNTRY CLUB DURING THE PAST 3 YEARS?

YES IF YES WHERE _____

NO

MEMBERS OF LOOKOUT WITH WHOM YOU ARE ACQUAINTED WITH:

PRIMARY MEMBER: <u>Mr.</u> / <u>Mrs.</u> / <u>Ms.</u> / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
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MALE / FEMALE

HOME ADDRESS:

PHONE No:

MOBILE No:

EMAIL:

SECONDARY MEMBER: <u>Mr.</u> / <u>Mrs.</u> / <u>Ms.</u> / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
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NAME:

MALE / FEMALE

HOME ADDRESS:

PHONE No:

MOBILE No:

EMAIL:

THIRD MEMBER: <u>Mr.</u> / <u>Mrs.</u> / <u>Ms.</u> / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
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NAME:

MALE / FEMALE

HOME ADDRESS:

PHONE No:

MOBILE No:

EMAIL:

FOURTH MEMBER: <u>Mr.</u> / <u>Mrs.</u> / <u>Ms.</u> / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
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NAME:

MALE / FEMALE

HOME ADDRESS:

PHONE No:

MOBILE No:

EMAIL:

FIFTH MEMBER: <u>Mr.</u> / <u>Mrs.</u> / <u>Ms.</u> / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
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NAME:

MALE / FEMALE

HOME ADDRESS:

PHONE No:

MOBILE No:

EMAIL:

SIXTH MEMBER: <u>Mr.</u> /Mrs. /Ms. / <u>Dr.</u> (Please circle one)	MARITAL STATUS	GENDER	DOB: dd/mm/yyyy
NAME:		MALE / FEMALE	
HOME ADDRESS:			
PHONE No:	MOBILE No:	EMAIL:	

PAYMENT OPTIONS

CASH/DEBIT
 CHEQUE
 VISA/MASTERCARD (Plus a 2.5% Admin Fee)
 ONLINE BANKING

A valid credit card **MUST** be provided when applying for a membership. If payment for the balance of an account has not been received after 60 days, the credit card on file will be processed.

Annual Membership Dues & Entry Fees are not applied to a member’s credit card unless you indicate to the Administration Office that this is your desired method of payment. If Membership Dues or Entry Fee has not been received by the specified due date, then the credit card on file will be charged.

Members have the option to settle their monthly statement automatically to a credit card by selecting the Pre-Authorized payment option below. The Monthly statement is processed on the 20th or closest business day to the 20th of the following month after statements are mailed or emailed.

A 2.5% Administration Fee will be applicable to ALL payments or purchases made with a Credit Card. These include the Pre-Authorized Payment Option, Annual Membership Dues, Entry fees, and Point of Sale Purchases

CARD TO KEEP ON FILE
 PRIMARY ACCOUNT -PRE-AUTHORIZED PAYMENT PLAN



EXPIRATION:



EXPIRATION:

PRE-AUTHORIZED PAYMENT SIGNATURE AGREEMENT X-----

MONTHLY STATEMENTS: (Please circle one)

EMAIL / MAIL / BOTH

APPLICATION AGREEMENT:

1. *Corporate Members must be an officer, owner, director or employee of the Corporation*
2. *Corporate Members must be 21 years of age or older*
3. *Corporate Club Dining Membership will include up to six members on account. A corporate change fee will apply each time a member is exchanged for a new member. (\$25 per occurrence).*
4. *The Corporation will be registered as the account holder and the primary member on the account will have full responsibility for all charges incurred. Accounts shall be settled in accordance with the Club Rules & Regulations within 30 days of the statement date.*

I HEREBY SIGN THIS CONTRACT WITH THE UNDERSTANDING THAT IT COVERS AT LEAST ONE FULL SEASON'S MEMBERSHIP AND I AUTHORIZE LOOKOUT POINT COUNTRY CLUB TO MAKE ANY NECESSARY CREDIT AND/OR REFERENCE INQUIRIES.

IN THE EVENT OF A RESIGNATION, I UNDERSTAND THAT BY SIGNING THIS APPLICATION, I BECOME OBLIGATED FOR ANY DUES, CLUB CHARGES AND FEES THAT I HAVE ACCRUED PRIOR TO MY RESIGNATION BEING ACCEPTED BY THE BOARD OF DIRECTORS. I AGREE TO FULFILL THIS OBLIGATION UNDER ANY AND ALL CIRCUMSTANCES.

LOOKOUT POINT COUNTRY CLUB LTD. DOES NOT PROVIDE REFUNDS FOR MEMBERSHIP DUES & FEES PAST MAY 1ST ANNUALLY.

SPONSOR'S NAME (PLEASE PRINT)

SPONSOR'S SIGNATURE

APPLICANT'S SIGNATURE

APPROVED BY MEMBERSHIP CHAIRMAN