BANFF SPRINGS GOLF CLUB BANFF, ALBERTA

APPLICATION FOR INTERMEDIATE MEMBERSHIP

DATE:			
and certify that I meet the	eligibility requirements as stated to transfer from junior to in	ated in Article 2.3 of th	p of the Banff Springs Golf Club e by-laws of the Club. I enclose ctive memberships include adult
Applicant's Name:	Date of Birth: (day/month/year)		
			(day/montn/year)
Town / Postal Code:		Home P #:	
email:	Cell P #:		
Springs Golf Club in acc	o our knowledge, the above cordance with Article 2.3 o (please print)	f the by-laws of the C	
Seconder's Name:	(please print)	Signature:	
Applicant's S	ence Davidson, Secretary Tre Or secretary-treasurer	r completed application to easurer - PO Box 1601, email it to: @banffspringsgolfclub.	Banff, AB, T1L 1B5

<u>I hereby acknowledge that I have read & understand the nomination and consent criteria for becoming a member of the Banff Springs Golf Club.</u>