



**Big Bay Point Golf Club**

3912 30<sup>th</sup> Sideroad

Innisfil, Ontario

L9S 2Y6

**705-436-1378**

Limited Rounds Trial Membership Application Form

Application Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Summer Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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The Point is better golf.

Do you know any current members of Big Bay Point Golf Club? Please list them:

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Please list other clubs you are a member of: \_\_\_\_\_

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**Additional family members that would like to join Big Bay Point Golf Club:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact Information - In case of emergency on Club property**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Full Member Signature:**

**I understand and will comply with the Full Membership Program, as outlined by Big Bay Point Golf Club. I confirm that all the information I have completed on the Full Membership Application Form is accurate and true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for your completed Full Member Application form.

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The Point is better golf.

Big Bay Point Golf Club  
c/o Wendy Lash - Membership Committee  
3912 30<sup>th</sup> Sideroad, Innisfil, ON, L9S 2Y6

**For Club Use Only**

**Membership Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application Date: \_\_\_\_\_