



Big Bay Point Golf Club

3912 30th Sideroad

Innisfil, Ontario

L9S 2Y6

705-436-1378

Weekday 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: _____

The Point is better golf.

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

Please list other clubs you are a member of: _____

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: _____

Weekday Member Signature:

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

Signature: _____ **Date:** _____

Thank you for your completed Weekday Member Application form.

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

For Club Use Only

Membership Approved By: _____ **Date:** _____

Application Date: _____