



2012 Associate Membership Application Form

Name: _____
(Please print)

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: Res: _____ Bus: _____

Fax: _____ E-Mail: _____

Birth Date: _____ Occupation: _____

I give the Turner Valley Golf Club permission to use my personal information for their club roster.

I hereby make application for membership in the **Turner Valley Golf Club**.
If elected to membership, I agree to abide by the policies and rules and regulations of the Club. I agree to pay all dues, fees, and other charges which may, from time to time, be payable by me to the Club.

Signature: _____ **Date:** _____

Name of nominating members (if applicable): _____

Application approved at the Board of Directors Meeting of: _____

Turner Valley Golf Club
Box 60, Turner Valley, Alberta T0L 2A0
p: 403.933.4721 f: 403.933.2212
www.turnervalleygolf.com
worth the drive.....