



The St. Catharines Club

APPLICANT INFORMATION – MEMBERSHIP SUBJECT TO BOARD APPROVAL

Name	Date of Birth
Home Address	Home Phone
City & Postal Code/ZIP Code	
Email Address	
Spouse/Partner Name	Membership entitles spouse to club privileges.
Spouse/Partner Email for Announcements	

EMPLOYMENT INFORMATION

Current Employer	
Employer Address	
City & Postal Code/Zip Code	
Occupation	Business Phone

MONTHLY STATEMENT & MEMBER ANNOUNCEMENTS

Email monthly statement to:
Email Member Announcements to:

PAYMENT METHODS AVAILABLE

Valid Mastercard or Visa Credit Card Number Required for Club Files. Other payment methods: Cheque, Cash, Debit

Pre-Authorized – Please provide credit card information	Card Type	VISA	MASTERCARD
Card Number	Expiry Date		
Other Payment Instructions:			

CURRENT MEMBER ENDORSEMENTS

Member Name
Comments
Member Name
Comments

SIGNATURES

I hereby make application for Resident/Non-Resident/Corporate Membership in the St. Catharines Club, and agree to abide by its Constitution and By-Laws.

Applicant Signature	Date:
Board of Director Member Signature	
Board of Director Member Signature	