

Country Meadows Senior Men's Golf Club

Membership Application Form

(If you are a first time applicant your name will be put on the Wait List on the date your application is received by the Membership Chairman)

Name _____ Phone Number _____

Address _____

Date of Birth _____ (Minimum age for membership is 55 years)

E Mail Address _____ Former Occupation _____

Person to Notify in the event of a Medical Emergency

Name _____ Relationship _____ Phone Number _____

Covid-19 Vaccination Status

At this time, because of concern for the health and safety of all our members the Club's position is that members must be fully vaccinated with two approved doses and past the 14-day waiting period to be able to participate in any Club activities.

I attest to being fully vaccinated as described above: Signature _____

The success of the club depends entirely upon the active participation of its members. For example there are several positions in the Club, many of which chair active committees. The leadership, organizational skills, and dedication of all of these members help to make golfing fun, and to perpetuate the camaraderie we all enjoy. Our September Charity Classic Tournament in support of prostate cancer is a particularly important fund raising event that needs a lot of help each year to ensure success. Please let us know where you would like to help: _____

By signing this form I attest to my intention to review and comply with the Golfing Etiquette and Bylaws of Country Meadows Senior Men's Golf Club.

A membership list, showing member number, name and phone number will be published on our website for all members to have access to. In the interest of protecting the privacy of our members, we require that members DO NOT print copies of the list nor share the list with any non-members or organizations.

I agree to have my name and phone number on the member list on the club's website:

YES NO (circle your choice)

I understand power carts for Club play are arranged through the Scheduler.

I will need a Power Cart. YES NO (circle your choice)

Signature _____ Date _____

**Country Meadows Senior Men's Golf Club Box #224, 185 - 9040 Blundell Road Richmond,
B.C. V6Y 1K3**