

CORPORATE MEMBERSHIP APPLICATION

1 OCTOBER 2024 - 30 SEPTEMBER 2025

Corporate Name:	
Email:	
Phone: (Mobile)	Work
MEMBERSHIP PLAN:	
❖ 1 – 4 Designees: US \$13,000❖ Additional Designees: US \$3,250	
LIST OF DESIGNEES:	
Designee #1:	Phone:
Email:	
HANDICAP INFORMATION:	
☐ I require a GHIN account☐ I am a member of another club and do not	☐ I am a member of CIGA and do not require a GHIN account require a GHIN account/club name
Designee #2:	Phone:
Email:	
HANDICAP INFORMATION:	
	☐ I am a member of CIGA and do not require a GHIN account require a GHIN account/club namePhone:
Email:	
HANDICAP INFORMATION:	
☐ I require a GHIN account☐ I am a member of another club and do not	☐ I am a member of CIGA and do not require a GHIN account require a GHIN account/club name



Designee #4:	Phone:	
Email:		
HANDICAP INFORMATION:		
☐ I require a GHIN account☐ I am a member of another club and do n	☐ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #5:	Phone:	
Email:		
HANDICAP INFORMATION:		
☐ I require a GHIN account☐ I am a member of another club and do remains a member of a m	☐ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #6:	Phone:	
Email:		
HANDICAP INFORMATION:		
☐ I require a GHIN account☐ I am a member of another club and do n	☐ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #7:	Phone:	
Email:		
HANDICAP INFORMATION:		
☐ I require a GHIN account ☐ I am a member of another club and do r	☐ I am a member of CIGA and do not require a not require a GHIN account/club name	
AUTHORIZATION:		
Iadhere to all club policies and by-laws.	apply for membership at the North Sound Golf C	lub. I agree to
Applicant Signature	 Date	

