

2025 MEMBERSHIP APPLICATION

Sand Point Golf & Country Club Inc. 38 Golf Club Rd. Braeside, ON K0A 1G0

Contact Information:

Name	
Telephone	
Email Address	
Current Residential Address	
Birth Date: (DD/MM/YY)	
Name (Applicable for "Couples Membership")	
Telephone	
Email Address	
Current Residential Address	
Birth Date: (DD/MM/YY)	
Selected Membership Type: 6	Golf Canada Included in All Membership Types
Selected Packages and/or Add	l Ons :
Please contact the Pro Shop for informa	tion regarding Membership Perks, Play Restrictions and Non-Membership Golf
Packages	
Payment Options:	
Cheque: Make payment out to SAND P	
	EXPCVV
	ust provide your 16 Digit Card Number, Expiration Date and CVV Number if you are NOT
paying in person. E-Transfer: Email <u>proshop@sandpointgcc</u>	a ca
E Transfer. Email <u>prostropiesarripolitique</u>	
Member Signature (s)	Date
	4.1. 40.G. M.G. I. D.I. D I O.V.W. 4.400

Mailing Address: 38 Golf Club Rd. Braeside, ON K0A 1G0 Tele. (613) 623-3234

E: proshop@sandpointgcc.ca

Receiver Initials _____