



RIDEAU VIEW

GOLF CLUB | OTTAWA

6044 Rideau Valley Drive N., Manotick ON K4M 1B3

Phone: (613) 692-3442 Fax: (613) 692-1632 www.rideauview.com

Application for Membership

The following information is supplied by the undersigned in making application for membership in the Rideau View Golf Club. This information will be used by the club in its normal operations, in adherence to our Privacy Policy. [Please contact our General Manager](#) if you have any questions concerning this Application Form.

MEMBERSHIP CATEGORY REQUESTED: _____

Applicant Information

NAME _____ PHONE _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____ DATE OF BIRTH (YYYY-MM-DD) _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____ PHONE _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

Family Members and Categories Requested

NAME	DATE OF BIRTH (YYYY-MM-DD)	MEMBERSHIP CATEGORY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Information

SPONSORED BY _____

OTHER CLUB AFFILIATIONS _____

I agree to abide by the by-laws, rules and regulations of the Rideau View Golf Club which are now in force and which may hereinafter be enacted.

Signature _____

Date _____