

APPLICATION FORM



Port Cunnington Lodge
2023 Dining Club Membership Application Form
Fee: \$ \$525 plus H.S.T.

Applicants Name in full: _____

Home Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____

Cottage Phone: _____ E-mail: _____

Occupation: _____

Name of Firm: (If using a company account please fill in the details) _____

Business Address: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Preferred Credit Card: Mastercard, Visa

_____ Expiry: _____ CVC/CVV: _____

Date of Applicant's birth: _____

Date of birth: Month: _____ Day: _____ Year: _____

If married, does spouse wish to have signing privileges? _ Yes _ No

Full Name of Spouse: _____

Date of birth: Month: _____ Day: _____ Year: _____

E-mail: _____

Names and birth dates of additional immediate family members:

Name #1: _____ Date of birth: Month: _____ Day: _____ Year: _____

Name #2: _____ Date of birth: Month: _____ Day: _____ Year: _____

Name #3: _____ Date of birth: Month: _____ Day: _____ Year: _____

Signature of Applicant: _____ Date of Application: ____ / ____ / ____

Signature of Applicant: _____ Date of Application: _____

I certify that the particulars listed herein are true and correct. In consideration of being accepted as a candidate for a Dining Club Membership from Port Cunnington Lodge and entitlement to the privileges outlined in this brochure. I hereby agree that I will abide by the Lodge Guest Rules and Regulations (as amended from time to time) and I will pay when due, all debts to PCL Lodge incurred by myself, my family and my guests and that I will be responsible for their conduct on within the Lodge and on the Lodge premises.