



# 2024 MEMBERSHIP FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ TEL.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEMBER ID (OFFICE ONLY): \_\_\_\_\_

**COUPLES MEMBERSHIP?** If yes, please fill out the below fields. A different email is required for Golf Canada memberships.

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEL.: \_\_\_\_\_

MEMBER ID (OFFICE ONLY): \_\_\_\_\_

## MEMBERSHIP TYPE(S) (PLEASE CHECK ALL APPLICABLE):

- |   |  |
|---|--|
| <input type="checkbox"/> BASE MEMBERSHIP (\$1400) | <input type="checkbox"/> WEEKDAY MEMBERSHIP (\$1000) |
| <input type="checkbox"/> U30 MEMBERSHIP (\$1000)  | <input type="checkbox"/> JUNIOR MEMBERSHIP (\$350)   |

## ADD-ONS

- |  |  |
|--|--|
| <input type="checkbox"/> 10 CART PUNCH CARD (\$156.52) | <input type="checkbox"/> POWER CART MEMBER (\$700) |
|--|--|

## INSTALLMENTS

Installments are available. Please fill out the installment form on the next page if you wish to sign up for installments. Debit cards are not an acceptable form of payment. Installment applications without a fully completed payment form will be rejected and your membership will be null and void.

## ACCOUNT CHARGING PRIVILEGES

If you would like to sign up for account charging privileges, please fill out the third page of this form.

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## INSTALLMENT FORM



You agree to pay for the golf membership listed above (pg. 1) in equal installments with your credit card. You must pay your first installment today. The next installment will be charged to your credit card after the Island Coastal Golf Division office receives this signed agreement on the 1st of the month. The subsequent installments will be charged to your credit card the 1st (or following business day) of each subsequent month with the final installment being charged on October 1.

You will provide your credit card information with this agreement. Debit cards are not accepted for installments. The Island Coastal Golf Division will keep that information on file for the sole purpose of charging your card for your membership on the dates mentioned.

You will contact the Island Coastal Golf Division if the credit card provided is lost or stolen, or if the credit card numbers or details change in any way. You will make payment for all amounts charged if the credit card provided expires or is invalid.

**You will not be entitled to your membership, or the benefits provided, until a missed installment is paid.**

**By signing this agreement, you acknowledge and accept full responsibility for these terms and guarantee payment for your membership. The Island Coastal Golf Division may pursue all avenues of collection, including the use of collection agencies if you fail to pay.**

CARDHOLDER NAME: \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRY \_\_\_ / \_\_\_

CVV \_\_\_ \_\_\_ \_\_\_

SIGNATURE: \_\_\_\_\_

### OFFICE USE ONLY:

MEMBERSHIP DUES: \$ \_\_\_\_\_

HST (15%): \$ \_\_\_\_\_ AMOUNT PER MONTH: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

NOV  DEC  JAN  FEB  MAR  APR

MAY  JUN  JUL  AUG  SEP  OCT

# 2024 MEMBERSHIP FORM

## ACCOUNT CHARGING PRIVILEGES



Please complete all fields. You may cancel this authorization at any time by contacting us. Otherwise, this authorization will remain in effect until the end of the 2024 season.

This credit card will be saved on file to allow the person named above to make purchases in both the pro-shop and food and beverage of Mountain Woods Golf Clubs. The card will be charged on the 15th of every month (or the next business day) for all purchases in the aforementioned areas.

All membership installments, if applicable, will be processed in a separate transaction.

All food and beverage purchases will be subject to a 15% gratuity that will be charged to your account at the end of each day a purchase is made.

Purchases for Mountain Woods Golf Club will be charged by the sales office.

**If a payment is denied, charging privileges will be revoked until the customer is in good standing.**

**CARDHOLDER NAME:** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXPIRY** \_\_\_ / \_\_\_

**CVV** \_\_\_ \_\_\_

**SIGNATURE:** \_\_\_\_\_

**MEMBER ID (OFFICE ONLY):** \_\_\_\_\_

### OFFICE USE ONLY:

*MONTH*

MAY

JUN

JUL

AUG

SEP

OCT

*AMOUNT PAID*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_