

GALIANO GOLF COURSE

24 St Andrews Crescent, Galiano, BC V0N 1P0

MEMBERSHIP APPLICATION (2019)

Member Applicant #1

Name(s): _____ Returning Member
(No Address or email Changes)

Address: _____

City: _____ Prov: _____ Postal: _____

Email Address: _____

Member Applicant #2

Name(s): _____

Email Address: _____

Please submit completed form along with payment to **Galiano Golf Course** to the Clubhouse.

Membership Type	Quantity	Fee	Gst	Line Total
INDIVIDUAL:	_____	\$ 520.00	+ 26.00 =	\$ 546.00 _____
JUNIOR (Under 19 as of May 1 st):	_____	\$ 95.00	+ 4.75 =	\$ 99.75 _____
POST SEC STUDENT: (Verified registration to any post secondary school by September 2019)	_____	\$ 275.00	+ 13.75 =	\$ 288.75 _____
SENIOR (75+ as of May 1 st):	_____	\$ 475.00	+ 23.75 =	\$ 498.75 _____
FAMILY (Incl Spouse/children of either):	_____	\$ 995.00	+ 49.75 =	\$1044.75 _____
DUAL (1 guest included with playing member at any time)	_____	\$ 995.00	+ 49.75 =	\$1044.75 _____
CORPORATE: (Up to 4 designated individuals that are employed at the business allowed unlimited play.)	_____	\$1045.00	+ 52.25 =	\$1097.25 _____
SOCIAL/BRIDGE:	_____	\$ 130.00	+ 6.50 =	\$ 136.50 _____
TOTAL AMOUNT:				_____
Add Donation (Thank You!):				_____

PAID BY: CASH CHEQUE DEBIT M/C VISA TOTAL PAID: _____

I/We have read the "Assumption of risk, exclusion of liability, waiver and release" and I/We the undersigned have read and agree to accept the terms of the waiver and release.

Member# 1: _____ Date: _____

Member#2: _____ Date: _____