

Annual Membership Application

Date:		Membership Number:			
First Name:		Last Name:			
Address:					
City:		Postal Code:	Postal Code: Email: Age at time of application: Applies to Intermediate Category		
Phone:		Email:			
Date of Birth:		Age at time of ap			
	Mem	bership Type			
☐ Full Play☐ South Course Only☐ Add the Falls - + \$500	☐ Weekday☐ IntermediatMembers	. •	☐ Twilight☐ Intermediate 31 to 39 t Golden Eagle. No discount for personal cart.		
			Payment Plan: Yes No		
Name on Credit Card:					
Credit Card Number:		Expiry [Date: CVC:		
□ I give consent to Golden Eagle G original membership fee. □ I acknowledge membership hol	_	ns are not permitted.	cable payments over and above the		
Office Use Only					
☐ New ☐ Existing Membershi	Expires:	Date Paid in Ful	ll: Staff Initial		
Referring Staff Member:		Manager's Sign	Manager's Signature:		
☐ Membership Bonus Card Issued		☐ Gift Card Issu	☐ Gift Card Issued		
Referring Member (must be filled i	n at time of applica	ition, no exceptions):			
Member No.: Gift Card \$:			Date Given:		







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Annual Cart/Payment Plan

□ 4 Payments per year				
□ 4 Payments per year		☐ 12 Payments per year - one per month		
Total Membership Cost with Tax:		☐ 4 / ☐ 12 Payments of:		
First Payment Date:				
Total Amount Owing:				
☐ I understand that I am obligated	d to pay my Membersh	ip fee in full, as per the payment pl	an. Initial	
Payment Plan Finance Fee: \$350* *One time fee applicable to payment pla		ing may not be required to pay this fee up	on membership renewal	
☐ Annual Full Cart Pass: \$1,650	Tax: \$198 (12%)	Total: \$1,848		
Start Date: End Date:		BC Driver's License No		
Annual Cart Pass valid for Golden Eag Subject to availability, terms and cond Not eligible for payment plan. Signed	ditions apply. Non-transferi			
			Initial	
Payment Information - Requ		Expiry Date:		
•		' '	CVC:	