



# Membership Application

Date: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age at time of application: \_\_\_\_\_  
*Applies to Intermediate Category*

## Membership Type

- Full Play                       Weekday                       Twilight  
 South Course Only             Intermediate Up to Age 30             Intermediate 31 to 39  
 **Add the Falls - + \$500**

*Memberships do not include carts at Golden Eagle. No discount for personal cart.*

Membership Cost: \_\_\_\_\_ Tax: \_\_\_\_\_ Total: \_\_\_\_\_ Payment Plan:  Yes  No  
*If yes, see reverse side for plan options.*

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

*I give consent to Golden Eagle Golf Club to charge my credit card for applicable payments over and above the original membership fee.*

Signature \_\_\_\_\_

### Office Use Only

New  Existing    Membership Expires: \_\_\_\_\_    Date Paid in Full: \_\_\_\_\_    Staff Initial \_\_\_\_\_

Referring Staff Member: \_\_\_\_\_    Manager's Signature: \_\_\_\_\_

Referring Member (*must be filled in at time of application, no exceptions*): \_\_\_\_\_

Member No.: \_\_\_\_\_    Gift Card \$: \_\_\_\_\_    Date Given: \_\_\_\_\_

**AQUILINI**





# Annual Cart/Payment Plan

## Payment Plan

4 Payments per year

12 Payments per year - one per month

Total Membership Cost with Tax: \_\_\_\_\_

4 /  12 Payments of: \_\_\_\_\_

First Payment Date: \_\_\_\_\_

Last Payment Date: \_\_\_\_\_

Total Amount Owning: \_\_\_\_\_

Due Upon Registration: \_\_\_\_\_

I understand that I am obligated to pay my Membership fee in full, as per the payment plan. **Initial** \_\_\_\_\_

Payment Plan Finance Fee: **\$350\***

*\*One time fee applicable to payment plans. Members in good standing may not be required to pay this fee upon membership renewal*

Annual Full Cart Pass: **\$1,500**

Tax: **\$180 (12%)**

Total: **\$1,680**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

BC Driver's License No. \_\_\_\_\_



GE Cart Waiver

I have read, and agree, to Golden Eagle Golf Club's Cart Waiver

*Annual Cart Pass valid for Golden Eagle Golf Club only.*

*Subject to availability, terms and conditions apply. Non-transferrable.*

*Not eligible for payment plan. Signed cart waiver and valid BC Driver's License required*

**Initial** \_\_\_\_\_

## Payment Information - Required

Credit card number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Signature \_\_\_\_\_

I hereby agree to all terms and conditions of membership at Golden Eagle Golf Club.

*Visa, Mastercard, and AMEX are accepted for Memberships. Memberships are not a month to month membership. No refunds, transfers or temporary holds of any Membership will be granted.*

**Initial** \_\_\_\_\_

**AQUILINI**

