



2018 GOLF MEMBERSHIP APPLICATION FORM

MEMBER NAME(S): (Please include date of birth)	
Member One: _____ mm / dd / yy	Email:
Member Two: _____ mm / dd / yy	Email:
Address:	Home Phone:
City:	Business Phone:
Postal Code:	Referred By (if applicable):

MEMBERSHIP CATEGORY: (Please put a checkmark beside desired membership category)					
	<i>Before Mar 1</i>	<i>After Mar 1</i>		<i>Before Mar 1</i>	<i>After Mar 1</i>
Unlimited Individual – 7-day	1,895	1,995		Unlimited Couple – 7-day	3,345 3,445
Unlimited Individual – Weekday	1,695	1,795		Unlimited Couple – Weekday*	3,045 3,145
Afternoon (after 12pm) – 7-day	1,395	1,495		Sunset* (after 4pm) – 7-day	845 895
Unlimited Early Executive (age 30-39)	1,195	1,245		Unlimited Intermediate (age 19-29)	795 845
Junior (age 14-18)	395	445		Junior Jr. (age 13 and under)	295 345
				Family Junior (age 18 & under with adult member)	200 200

**Weekday membership includes tee times after 2pm on weekends and holidays*

Club Storage (optional)	Clubs Only	150	150	Power Cart Plan	525	550
	Clubs w/ Push Cart/Caddy	175	175		Unlimited - \$525 9 Hole or Sunset* - \$325	325

OFFICE USE ONLY:	Membership Subtotal:	
	Admin Fee (payment plan only):	
	HST (13%):	
	TOTAL:	

SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Option #1 - SINGLE PAYMENT	Option #2 – Six (6) EQUAL PAYMENT PLAN <i>(\$60 Admin. Fee Applies)</i> <i>Deadline for payment plan option is April 30th, 2018</i>
CASH/CHEQUE	Credit Card Information for Payment Plan:
DEBIT	Credit Card #:
VISA/MC/AMEX	Expiry: _____ Security Code (CVC): _____
Credit Card Information for Single Payment:	*Payments plan can only be administered using Credit Cards.
Card #:	
Expiry: _____ Security Code (CVC): _____ <small>on back of card</small>	I/We as the above account holder(s), do hereby authorize Legacy Ridge Golf Club Inc. to debit my bank account/credit card for payment of my golf membership. This authorization may be cancelled at any time by written notice or full payment of the amount owing.
Signature _____	Signature _____ Date _____

2018 CHARGING PRIVILEGES SET UP

Credit card information is required for charging privileges

Club account charging privileges are available for Pro Shop and Food & Beverage Purchases. Legacy Ridge Golf Club Inc. may at its sole discretion grant or terminate credit at any time.

Legacy Ridge Golf Club will issue members monthly statements of account, account balance and statements can also be viewed online at anytime. All purchases charged to your account in one month are due by the 15th day of the subsequent month. For your convenience, any outstanding balance remaining on your account on the 15th day will be automatically processed as a charge to the credit card provided below. Please be advised a 15% gratuity may be added to your Food & Beverage purchases.

Credit Card Information: Same as card above

Credit Card #: _____ Exp Date: _____ Security Code(CVC): _____

I hereby agree to the following:

- (1) To sign all receipts when making food and beverage and golf shop purchases that are being billed to my account.
- (2) To allow Legacy Ridge Golf Club Inc. to charge directly to the credit card specified above, any or all of my unpaid balance under the above terms.
- (3) **To inform Legacy Ridge Golf Club Inc. of any changes to billing information such as address and credit card information (ie. Expiry Date).**

Signature _____ Date _____

Signing and submitting this application I agree to abide by the rules, policies, terms and conditions set out by Legacy Ridge Golf Club Inc. Please note LRGC Inc. is not liable for lost, stolen or damaged golf equipment or property stored on the premises. Items left at own risk.

Signature _____ Date _____