

2024 GOLF MEMBERSHIP APPLICATION FORM

MEMBER NAME(S): (Please include date of birth)												
Member One:					Email							
			mm / dd / yy									
Member Two:				d / yy	Email	:						
Address:					1	Home Phone:						
City:						Business Phone:						
Postal Code:				Referred By (if applicable):								
MEMBERSHIP	CATEGORY: (Please put				lesired m	embership category)						
Before Man				Mar 1				Before Mar	r 1	After Mar 1		
		2,495	2,695			Unlimited Couple – 7-day Unlimited Couple – Weekday*		4,350 4,050		4,550 4,250		
,				-		•		-		-		
Unlimited Early Executive (age 30-39)		1,795	1,89	5		Unlimited Intermedia	t e (age 19-29)	1,395		1,495		
Junior (age 14-18)		595	645			Junior Jr. (age	13 and under)	495		545		
Corporate (number of members)		namharch	in include	toot	Fai	300		350				
Club Stances	Clubs Only	275	32!			ofter 2pm on weekends and holidays Ower Cart Plan Unlimited				950	_	
Club Storage (optional)	Clubs w/ Push Cart/Caddy	325	37!		(per se		9 Hole Only	550		600		
	Membership Subtotal:						3 Hole Olly					
OFFICE USE ONLY:	Admin Fee (payment plan only):											
	HST (13%):											
SELECT ONE OF THE FOLLOWING PAYMEN			IT OPTIONS:									
Option #2 – Six (6) EQUAL PAYMENT PLAN												
Option #1 - SINGLE PAYMENT			(\$90 Admin. Fee Applies) Deadline for payment plan option is April 30 th , 2024									
CASH/CHEQUE			Credit Card Information for Payment Plan:									
DEBIT			Credit Card #: Security Code									
VISA/MC/AMEX			Expiry:	Expiry: Gettity code (CVC):								
Credit Card Information for Single Payment:			*Payments plan can only be administered using Credit Cards.									
create cara information for single rayment.			and the same of th									
Card #:												
Expiry:	Security Code (CVC):			I/We as the above account holder(s), do hereby authorize Legacy Ridge Golf Club Inc. to debit my								
טויטענא טן נעוע				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 2024 CHARGING PRIVILEGES SET UP												
Credit card information is required regardless of whether member chooses to charge or not												
Club account char terminate credit at a	ging privileges are available for Prony time.	o Shop an	d Food &	Bever	age Purcha	ses. Legacy Ridge Golf Club I	nc. may at its sole	discretion	gran	t or		
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											S	
	day will be automatically processe	-					_	_				
Credit Card Informa	tion: Same as card above											
Credit Card #:				Exp Date: Security Code(C):				
I hereby agree to the	e following:											
 To sign all receipts when making food and beverage and golf shop purchases that are being billed to my account. 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. 										ıs.		
	n Legacy Ridge Golf Club Inc. of an											
Signature I			 Date			<u> </u>						
-												
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.												

Date