2027 GOLF MEMBERSHIP
APPLICATION FORM

LEGACY RIDGE GOLF CLUB

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)

	Before Mar 1		After Mar 1			Before Mar 1		After Mar 1	
***Unlimited Individual** – 7-day*	2,875		3,075		***Unlimited Couple** – 7-day*	5,000		5,200	
***Unlimited Individual** – Weekday*	2,675		2,875		***Unlimited Couple** – Weekday**	4,700		4,900	
***Unlimited Early Executive** (age 30-39)*	2,175		2,275		***Unlimited Intermediate** (age 19-29)*	1,775		1,875	
***Junior** (age 14-18)*	675		725		***Junior Jr.** (age 13 and under)*	575		625	
***Corporate** (number of members _____)*					***Family Junior** (age 18 & under with adult member)*	375		425	

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

Club Storage (optional)	Clubs Only	375		425		**Power Cart Plan** *(per seat)* Unlimited	1,100		1,150	
	Clubs w/ Push Cart/Caddy	425		475		9 Hole Only	700		750	

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

SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

Option #1 - SINGLE PAYMENT

CASH/CHEQUE

DEBIT

VISA/MC/AMEX

Credit Card Information for Single Payment:

Card #:

Expiry: | Security Code (CVC): *on back of card*

_____
Signature

Option #2 – Six (6) EQUAL PAYMENT PLAN
($120 Admin. Fee Applies)
Deadline for payment plan option is April 30th, 2027

Credit Card Information for Payment Plan:

Credit Card #:

Expiry: | Security Code (CVC):

Payments plan can only be administered using Credit Cards.

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 **Date**

2027 CHARGING PRIVILEGES SET UP

Credit card information is required regardless of whether member chooses to charge or not

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**