



2023 Membership Application

Date _____

Member Number _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Home Phone: _____ Cell: _____ Postal Code: _____

Email: _____ Date of Birth: _____ Age at time of application _____

Applies to Intermediate Category

Membership Type

Full Play Weekday Twilight Intermediate up to 25 Intermediate 31 to 39

Membership Cost: _____ Tax _____ Total _____ Payment Plan Yes or No

Add On's (no finance option, paid at the time of registration)

Finance Fee: _____ Tax _____ Total _____

Falls Golf Club (cart included) Cost _____ Tax _____ Total _____ 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.

12 Payment Plan Total Membership cost with tax _____ OR 12 - Monthly Payment _____

First Payment date _____ Last Payment Date _____

I understand I am obligated to pay my Membership in full as per the agreed payment plan.

Total due at the time of registration _____ + 1st months payment if applicable _____ = Total _____

Name on credit card _____ Credit Card Number _____

Signature _____ Expiry _____ CVC _____

Referring Member (Must be filled in at the time of application, no exceptions) _____ Member No. _____ Gift Card

\$ _____ Date Given: _____

Office use only

New Existing Membership Expires: _____ Date Paid in Full: _____ Staff Int.: _____

Referring Staff Member: _____ Managers Signature: _____