



2024 MEMBERSHIP FORM

DATE: _____

NAME: _____

D.O.B.: _____ TEL.: _____

EMAIL: _____

MEMBER ID (OFFICE ONLY): _____

COUPLES MEMBERSHIP? If yes, please fill out the below fields. A different email is required for Golf Canada memberships.

NAME: _____

EMAIL: _____ TEL.: _____

MEMBER ID (OFFICE ONLY): _____

MEMBERSHIP TYPE(S) (PLEASE CHECK ALL APPLICABLE):

☐ PREMIUM WALKER (\$2200)

☐ BASE MEMBERSHIP (\$1500)

☐ U30 MEMBERSHIP (\$1000)

☐ SUNSET (FH) MEMBERSHIP (\$600)

ADD-ONS

☐ 10 CART PUNCH CARD (\$173.91)

☐ POWER CART MEMBER (\$800)

INSTALLMENTS

Installments are available. Please fill out the installment form on the next page if you wish to sign up for installments. Debit cards are not an acceptable form of payment. Installment applications without a fully completed payment form will be rejected and your membership will be null and void.

ACCOUNT CHARGING PRIVILEGES

If you would like to sign up for account charging privileges, please fill out the third page of this form.

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INSTALLMENT FORM



You agree to pay for the golf membership listed above (pg. 1) in equal installments with your credit card. You must pay your first installment today. The next installment will be charged to your credit card after the Island Coastal Golf Division office receives this signed agreement on the 1st of the month. The subsequent installments will be charged to your credit card the 1st (or following business day) of each subsequent month with the final installment being charged on August 1.

You will provide your credit card information with this agreement. Debit cards are not accepted for installments. The Island Coastal Golf Division will keep that information on file for the sole purpose of charging your card for your membership on the dates mentioned.

You will contact the Island Coastal Golf Division if the credit card provided is lost or stolen, or if the credit card numbers or details change in any way. You will make payment for all amounts charged if the credit card provided expires or is invalid.

You will not be entitled to your membership, or the benefits provided, until a missed installment is paid.

By signing this agreement, you acknowledge and accept full responsibility for these terms and guarantee payment for your membership. The Island Coastal Golf Division may pursue all avenues of collection, including the use of collection agencies if you fail to pay.

CARDHOLDER NAME: _____

CREDIT CARD NUMBER _____

EXPIRY ____ / ____

CVV ____

SIGNATURE: _____

OFFICE USE ONLY:

MEMBERSHIP DUES: \$ _____

HST (15%): \$ _____

AMOUNT PER MONTH: _____

TOTAL: \$ _____

☐ NOV ☐ DEC ☐ JAN ☐ FEB ☐ MAR ☐ APR

☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT

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ACCOUNT CHARGING PRIVILEGES



Please complete all fields. You may cancel this authorization at any time by contacting us. Otherwise, this authorization will remain in effect until the end of the 2024 season.

This credit card will be saved on file to allow the person named above to make purchases in both the pro-shop and food and beverage of Andersons Creek and Green Gables Golf Clubs. The card will be charged on the 15th of every month (or the next business day) for all purchases in the aforementioned areas.

All membership installments, if applicable, will be processed in a separate transaction.

All food and beverage purchases will be subject to a 15% gratuity that will be charged to your account at the end of each day a purchase is made.

Purchases for Andersons Creek and Green Gables will be charged by the sales office for each individual property.

If a payment is denied, charging privileges will be revoked until the customer is in good standing.

CARDHOLDER NAME: _____

CREDIT CARD NUMBER _____

EXPIRY ____ / ____

CVV ____

SIGNATURE: _____

MEMBER ID (OFFICE ONLY): _____

OFFICE USE ONLY: ANDERSONS CREEK		GREEN GABLES	
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MONTH	AMOUNT PAID	MONTH	AMOUNT PAID
<input type="checkbox"/> MAY	_____	<input type="checkbox"/> MAY	_____
<input type="checkbox"/> JUN	_____	<input type="checkbox"/> JUN	_____
<input type="checkbox"/> JUL	_____	<input type="checkbox"/> JUL	_____
<input type="checkbox"/> AUG	_____	<input type="checkbox"/> AUG	_____
<input type="checkbox"/> SEP	_____	<input type="checkbox"/> SEP	_____
<input type="checkbox"/> OCT	_____	<input type="checkbox"/> OCT	_____