

MEMBERSHIP APPLICATION FORM GABRIOLA GOLF AND COUNTRY CLUB

Mailing Address: P.O. Box 239, Gabriola, BC VOR 1X0 Street Address: 895 South Road

Phone: 250-247-8822 Website: www.gabriolagolf.com

Application Date:		Have you ever been a	member of our club? (Y/N)	If Yes, Year?	
First Name		L	ast Name	DOB yyyy/mmm/dd	Sex (<i>M/F</i>)
Adult Member (1):					
Adult Member (2):					
Junior Member (1):					
Junior Member (2):					
PERMANENT ADDRESS					
Address:					
City:		Province:		Postal Code:	
Phone:		May we display your phone number in "Members" section of		our website? (Y/N)	
email:			email address in "Members" section of	our website? (Y/N)	
SEASONAL GABRIOLA ADDRESS					
Address:				Phone:	
City:	Gabriola	Province: BC		Postal Code:	
				ocial Membership Dues	
□Corporate \$1,405.30 □Junior \$139.15 (8-18 yrs) □Student		nt \$339.25 (19-24 yrs)	☐Initiation Fee \$500	□Socia	l \$126.50
☐ Resident Couple \$2,070.00 ☐ Non Resident		ent Single \$974.05 ent Couple \$1,478.00 ent Family \$1,949.25	SPONSORSHIP I/We were encouraged to join the club by:		
		6 Dues 0 □Male \$5.00	, we were emocarage	a to join the or	
Annual Power Cart Storage (electric carts must be taken home for the winter) □ Electric \$248 □ Gas \$193 □ Locke		o availability)	Sponsor's Name		
(prices shown do not include tax, applicable tax (GST) will be applied at purchase) I/We hereby acknowledge and agree to be bound by the Club's by-law's, rules and regulations.					
Date Signature (Member 1)		1)	Signature (Member 2)		