



MEMBER NO. _____

15125 Putnam Rd., Springfield, Ontario, N0L 2J0 • info@tarandowah.ca • 519-269-9656

MEMBERSHIP AGREEMENT

First Name _____ Last Name _____

Home Address _____

City _____ Postal _____

Date of Birth (mm/dd/yyyy) _____ Male Female

Phone _____ E-mail Address _____

Emergency Contact

Name _____ Relation _____ Contact Phone _____

YEAR 2022 -MEMBERSHIP TYPE

PRICE

<input type="checkbox"/> 7 day	\$ 2,000.00
<input type="checkbox"/> 5 day - Monday to Friday - \$40 on weekends and Holidays	\$ 1,500.00
<input type="checkbox"/> Married Couple	\$ 3,100.00
<input type="checkbox"/> Intermediate (19-34)	\$ 1,500.00
<input type="checkbox"/> Twilight after 2:00 pm	\$ 800.00
<input type="checkbox"/> Junior plus one- junior member may bring another junior free of charge. Some restrictions apply	\$ 300.00
<input type="checkbox"/> Preferred Player Card - \$40.00 before 4:00; \$30.00 after 4:00	\$ 95.00
<input type="checkbox"/> Seasonal Cart - per person, cart fees apply for extra riders	\$ 700.00
HST	\$
TOTAL	\$

Payment Information:

Credit Card Type: MC VISA DEBIT AMEX CHEQUE CASH

Card #: _____ Expiry: _____ CCV: _____

Name On Card _____ Signature: _____

Date: _____

House Account Option: I would like to participate in the house account option. I agree to have my Credit Card above charged in full on the 15th of each month for any purchases. Payments that are declined will result in a temporary lose of privileges until such a time as payment has been made in full.

Signature: _____