



# 2025 MEMBER REGISTRATION

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 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: \_\_\_\_\_