

SPRING LAKES GOLF CLUB 2019 MEMBERSHIP RENEWAL FORM

FULL NAME _____ MEMBERSHIP # _____

I hereby apply to renew my membership at SPRING LAKES GOLF CLUB for the season May 1st to Oct. 31, 2019.

A: Option #1: Membership – Clubhouse and Practice Facilities privileges
\$870.00 (\$820 IF PAID BY NOV.30) plus golf by paying the following game fees;
 \$38 weekdays and \$48 weekends and holidays _____

B. Option #2: Weekday Membership – Clubhouse and Practice Facilities
\$2,545.00 (\$2,465 IF PAID BY NOV.30)
 Pre-paid golf fees Mon-Fri excludes weekends and holidays _____

C. Option #3: Full Membership - Clubhouse and Practice Facilities
\$3,245.00 (\$3,145 IF PAID BY NOV.30)
 Pre-paid golf fees 7 days per week. _____

NOTE: If you would like to have the same Locker and Storage number, please indicate below:

E. RENTAL SERVICES – please put an **X** beside your choice and extend amount.

LOCKERS	3- foot size locker	_____ \$80.00	
	5- foot size locker	_____ \$135.00	

Locker #: _____

CLUB STORAGE		_____ \$85.00	
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Storage #: _____

F. MANDATORY GOLF ASSOCIATION DUES **\$ 35.00**

Subtotal of selected amounts _____

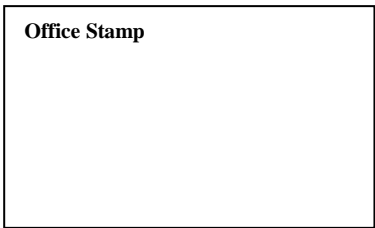
Add 13% of subtotal for HST _____
 HST# 77244 8122 RT 0001

TOTAL AMOUNT OWING _____

METHOD OF PAYMENT

Completed form to be returned **ON OR BEFORE JANUARY 15, 2019** as indicated below.

- Payment options: 1) A single cheque dated on or before January 31, 2019 for full amount owing **OR**
 2) Pay the full amount owing with 2 equal cheques dated January 31, 2019 and March 31, 2019
 3) Pay by credit card before January 31, 2019. Please note a 2.5% service fee will be applied on total amount



OFFICE USE ONLY	#1 Payment	#2 Payment	Other
Amt. Rec'd:	_____	_____	_____
Date Deposited:	_____	_____	_____
B#	_____	B# _____	B# _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2019 MEMBER INFORMATION REQUIRED FOR OUR CONFIDENTIAL FILES

NAME IN FULL (first) _____ (last) _____ M/F _____

ADDRESS _____

STREET

APT. #

POSTAL CODE _____

CITY

TELEPHONE NUMBER _____

IF YOU WOULD LIKE TO RECEIVE NEWSLETTERS ETC. BY EMAIL PLEASE PRINT YOUR EMAIL ADDRESS BELOW

Email Address: _____

NOTE: PLEASE READ THE FOLLOWING AND SIGN AND DATE FORM BELOW

CONDITIONS OF MEMBERSHIP

1. Members assume no financial responsibility for the operation of the Club and agree to pay fees and dues as set out.
2. Members agree to pay for all charges incurred by them and their guests at the Club.
3. Memberships are not transferable and Entrance and Annual Fees are non refundable if the member resigns from the club.
4. Members and their guests will abide by the dress code and observe the rules of the Club.
5. Management shall have sole right to terminate any membership upon a pro rata refund of annual fees paid. upon termination, entrance fees would be refunded on a pro rata basis up to the end of the fifth year.
6. For the application of charges made at the Club: Membership Card must be presented first. Then all members must present a valid VISA, MASTERCARD, AMEX, DISCOVERY or DEBIT card.
7. Spring Lakes Member Game Fees for 2019 are: \$38.00 on weekdays and \$48.00 on weekends and holidays. Guest Fees for 2019 are \$65.00 weekdays and \$75.00 weekends and holidays.
8. EACH MEMBER MUST RE-APPLY BY JANUARY 15/19. Administration fee up to \$200 + tax will apply if renewed after Jan15/19.
9. Members now can pay by credit card with a service fee of 2.5% on the total amount.
10. Requests for CHANGES TO MEMBERSHIP STATUS: to/from holding vs. active golf, should be submitted to Spring Lakes office by January 15th.
11. Late payment fees are \$50 + tax if received Jan 16-Feb 15/19, \$100 + tax if received Feb16-March 15/2019, \$200 + tax if received March16-April 15/19
12. By signing this form, I hereby agree to pay any outstanding charges generated by my guests or myself at Spring Lakes during the year.
13. The club opens no later than May 1st and closes no earlier than October 31st each season.
14. If you would like to play golf at our sister club Vespra Hills in Barrie, please call 705-721-3303 to book your tee time.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE CONDITIONS AND WILL ABIDE BY THE RULES OF THE CLUB.

Signature of Member _____ Date _____

PLEASE RETURN THE ORIGINAL FORM TO: SPRING LAKES GOLF CLUB, 4962 STOUFFVILLE ROAD, STOUFFVILLE ONTARIO, L4A 3S8
QUESTIONS? CALL CAROLINE KUZANJIAN, MEMBERSHIP DIRECTOR 905-640-3633 EXT 229 or
EMAIL: CAROLINE@SPRINGLAKESGOLF.COM