



COWICHAN

Golf Club

2018 Membership Agreement Application

First & Last Name: _____ M/F

Home Address _____

City _____

Postal Code _____

Primary Phone _____

Email Address _____

Name of Employer/Occupation: _____

Business Phone _____

Other Golf Club Affiliation _____

RCGA Handicap (if any) _____

Index _____

GET SOCIAL! Twitter handle _____

Facebook Bus. Pg: _____

Emergency Contact Name & Relation _____

Contact Phone _____

Contact Work Phone _____

MEMBERSHIP CATEGORY

Regular Full Play

Student

Intermediate (Age 19-49)

Junior (under 19)

Family / Spousal* - Name of member spouse: _____

Corporate

Non-Resident

* First spouse if regular price, 2nd spouse is 50% off, children play free when accompanied by a parent

Terms of this Agreement

Initial

____ **90/90 Trial Membership:** Under this membership agreement you will be charged \$90/month for each of the first 3 months during which time you may cancel your membership for any reason without penalty. Membership will be terminated at the end of the prepaid period.

____ After the trial period, you will be charged a monthly fee of \$ _____ + GST. To cancel this agreement, we require three (3) months written notice.

____ This membership agreement is between the Cowichan Golf & Country Club and the member signed and agree upon this arrangement. I hereby agree to comply with the bylaws, policy and procedures of the Cowichan Golf & Country Club.

____ **Injury Waiver:** In consideration of acceptance of this registration by the golf club, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the club and each of its members, officers and employees FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and cause of action, whether in law or equity in respect of death, injury, loss or damage to myself or property, arising or to arise by reason of my participation in the club excluding any negligent act, whether by omission or commission of any of the aforesaid persons, parties or entities.

Signature of Applicant: _____

Date: _____

Signature of Employee: _____

Date: _____