



**2010
Membership Application**

P.O. Box 100
Berwick, N.S.
B0P 1E0
Phone: (902)847-9000
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e-mail: info@berwickheightsgolf.com

Please Print Clearly

Name: _____
 Mailing Address: _____
 Town/City: _____ Postal Code: _____
 Telephone: (Home) _____ (Work) _____ (Cell) _____
 Email address: _____
 Date of birth: mm/dd/yy _____ Male/ Female (please circle)

Membership Types:

Regular Member	\$ 680.00+ tax =	\$ 768.40 _{tax incl.}
Weekday Member	\$ 560.00+ tax =	\$ 632.80
Dual (with proof of membership at another club)	\$ 500.00+ tax =	\$ 565.00
Husband & Wife Regular	\$1240.00+ tax =	\$1401.20
Husband & Wife Weekday	\$1110.00+ tax =	\$1254.30
Husband & Wife Dual (with proof of membership at another club)	\$ 990.00+ tax =	\$1118.70
Student Membership (ages 19 – 25 with valid student ID)	\$ 400.00+ tax =	\$ 452.00
Junior Membership (up to/including age 18)*	\$ 240.00+ tax =	\$ 271.20
Pull cart rental for the season	\$ 50.00+ tax =	\$ 56.50
Club Storage for the season	\$ 95.00+ tax =	\$ 107.35
Drive Cart Package (10 round pass)	\$ 250.00+ tax =	\$ 282.50
RangeToken Packages: 25 Tokens	\$ 70.00+ tax =	\$ 79.10
50 Tokens	\$ 120.00+ tax =	\$ 135.60

3 Month Payment Plan - Service fee \$ 30.00

*If you choose to use the 3 month payment plan option, you **must** send three postdated cheques or credit card information (April 1st, May 1st & June 1st) with your application plus the applicable \$30.00 service charge, added to your April 1st cheque.*

I hereby apply for/or renew membership at Berwick Heights Golf Course for the 2009 season. I agree to abide by all rules, regulations and signage at Berwick Heights. My membership fees must be paid in full prior to golfing at Berwick Heights, unless you have chosen to use the payment plan option. Full refunds will not be issued once a membership is purchased. By signing this membership application you, the member, waive any claims with respect to holding Berwick Heights Golf Course, its employees or directors, liable for personal injury, death, property loss or damages which may occur at Berwick Heights Golf Course.

Signature _____

Date _____

(Applicants under 18 years of age must have a parent or guardian sign)

*Junior Members only: NS Health Card#: _____

Office Use Only

Total Paid _____	
Method of Payment _____ <i>Cash/Cheque/Visa/MasterCard/Amex</i>	Card # _____ Exp. Date _____
Post Dated Payment Plan	Chq# Amount
	April 1 st _____
	May 1 st _____
	June 1 st _____
Total \$ _____	
INV	Bag Tag
RCGA card #	MBR card#