



2012 Membership Application

P.O. Box 100
Berwick, N.S.
B0P 1E0
Phone: (902)847-9000
Fax: (902)847-9005

Please Print Clearly

Name(s): _____
 Mailing Address: _____
 Town/City: _____ Postal Code: _____
 Telephone: (Home) _____ (Work) _____ (Cell) _____
 Email address: _____

****All rates include HST****

Memberships:

Regular Member	\$	850.00
Weekday Member	\$	720.00
Dual (with proof of membership at another club)	\$	638.25
Husband & Wife Regular	\$	1,580.00
Husband & Wife Weekday	\$	1,410.00
Husband & Wife Dual (with proof of membership at another club)	\$	1,247.75
Student Membership (ages 19 – 25 with valid student ID)	\$	500.25
Junior Membership (up to/including age 18)*	\$	281.75

Private Cart Storage:

(spots limited, check with office if you did not have a spot last season)

Trail Fees* - one owner or two family members	\$	178.25
Trail Fees* - shared ownership between two people	\$	241.50

Rentals / Storage

Annual cart rental* - Single person	\$	822.25
Annual cart rental* - husband/ wife	\$	966.00
Pull cart rental for the season	\$	63.25
Club Storage for the season	\$	115.00
Drive Cart Package (10 round pass)	\$	322.00

RangeToken Packages:

25 Tokens	\$	92.00
50 Tokens	\$	161.00

TOTAL AMOUNT OWING \$ _____

* indicates there is additional paperwork to be signed prior to use or storage of cart.

I hereby apply for/or renew membership at Berwick Heights Golf Course for the 2012 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

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

Date

Method of Payment	Card # _____	Exp. Date _____	
Cash/Cheque/Visa/MasterCard/Amex			Total paid: _____
	Chq#	Amount	
Post Dated Payment Plan	April 1 st _____	_____	
(\$30.00 service charge added to 1 st pmt)	May 1 st _____	_____	
	June 1 st _____	_____	
	Total	\$ _____	