

I hereby apply for membership in the Salt Spring Island Golf Club and agree to pay the required fees and conform to all present and future by-laws and policy regulations of the Club.

Membership Class:	Regular Playing	Intermediate	Social	Junior 🗌
Proposed By:		Seconded by:		
Full Name of Applicant: Mr. Mrs. Ms. (t	ick one)			
Address:				
Postal Code	Email Ado	dress		
Telephone	Birthdate	-Junior or Intermedia	ate (YYYY-MM-DD)_	
Profession/Job/Retired				
Signature	Dat	te Signed		
Interested in/Paid for C	art Pass Range Pass	s Push/Powe	r Cart Storage	Locker

Please email your application to info@saltspringgolf.com for processing or leave it with pro shop Staff

All membership applications are subject to approval by the Club's Board of Directors. Playing privileges can commence, upon receipt of payment but membership is not final until Board approval.

A Payment Plan is available for Regular and Intermediate adult memberships. This is offered, for a \$80 admin fee, as 6 equal Payments charged on the 1st of the month Feb through July. A credit card is required in our secure computer system to be eligible for this service.

Once your membership has been approved by the Board, the club will contact you to better familiarize you with the amenities and determine any additional requirements that you might have.

Date Approved by Board: _____