



**2018 Application & Dues Payment Schedule**

**PRINCIPAL MEMBER INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mail to: \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_  
Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  
Business address: \_\_\_\_\_ Business phone: \_\_\_\_\_  
\_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**DO NOT SHARE MY CONTACT INFORMATION WITH OTHER MEMBERS**

**CREDIT CARD INFORMATION**

I wish to charge my monthly account balance to the credit card number below: \_\_\_\_\_ Yes \_\_\_\_\_ No\*

\* A valid credit card number is required for the file in any event (see Conditions of Membership No.6, below)

\_\_\_\_ Visa \_\_\_\_ Master Card Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

**CONDITIONS OF MEMBERSHIP**

WHITEWATER GOLF CLUB INC. (hereinafter referred to as Whitewater)

- 1. The Member hereby agrees to pay the annual dues established by Whitewater from year to year, by March 31 of the year of the golfing season to which they apply;
- 2. The Member hereby agrees to pay all charges incurred by the Member and/or the Member's guests;
- 3. The Member hereby agrees to abide by the food & beverage minimum policy established by Whitewater from year to year;
- 4. The Member hereby agrees to abide by the Whitewater privilege policy established by Whitewater from year to year. Any intentional breach of the Whitewater privilege policy in effect will result in automatic termination of membership;
- 5. The Member hereby agrees to provide Whitewater with a valid credit card (Visa or MasterCard) account number. The Member hereby authorizes Whitewater to charge his or her credit card account with any amounts owing to Whitewater which are not paid by the Member when due;
- 6. The Member hereby agrees not to, under any circumstance, provide any person with his or her Whitewater Membership Identification Card in order to access any Whitewater facility. Use of a Member's Whitewater Membership Card by any other person other than the registered Member may also result in automatic termination of Membership;
- 7. The Member, for the Member and the Member's heirs, executors, administrators, successors and assigns, releases and indemnifies Whitewater and it's employees, officers, directors, representatives, successors, and assigns from any claims, costs, or damages which may arise by reason of or during the Member's or Member's guests' attendance at any Whitewater facility whether as a golfer, spectator, or otherwise and notwithstanding any negligence by any of the aforesaid;
- 8. If approved for membership, I will abide by the plan and the Rules and Regulations of Whitewater

I, \_\_\_\_\_ hereby confirm the contents herein to be true and accurate. In the event of a misrepresentation of facts or information provided to Whitewater by me, in support of my application for membership with Whitewater, I hereby confirm and understand same to be sufficient cause for immediate Termination of my Membership with no reimbursement of amounts paid to date.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Signature of Principal Member

Sponsoring Member \_\_\_\_\_



**2018 Application & Dues Payment Schedule**

**SPOUSAL MEMBERSHIP INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mail to: \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_  
Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  
Business address: \_\_\_\_\_ Business phone: \_\_\_\_\_  
\_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**DO NOT SHARE MY CONTACT INFORMATION WITH OTHER MEMBERS**

**CREDIT CARD INFORMATION**

I wish to charge my monthly account balance to the credit card number below: \_\_\_\_\_ Yes \_\_\_\_\_ No\*  
\*A valid credit card number is required for the file in any event (see Conditions of Membership No.6, below)  
\_\_\_\_\_ Visa \_\_\_\_\_ Master Card Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

**CONDITIONS OF MEMBERSHIP**

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- 2. The Member hereby agrees to pay all charges incurred by the Member and/or the Member's guests;
- 3. The Member hereby agrees to abide by the food & beverage minimum policy established by Whitewater from year to year;
- 4. The Member hereby agrees to abide by the Whitewater privilege policy established by Whitewater from year to year. Any intentional breach of the Whitewater privilege policy in effect will result in automatic termination of membership;
- 5. The Member hereby agrees to provide Whitewater with a valid credit card (Visa or MasterCard) account number. The Member hereby authorizes Whitewater to charge his or her credit card account with any amounts owing to Whitewater which are not paid by the Member when due;
- 6. The Member hereby agrees not to, under any circumstance, provide any person with his or her Whitewater Membership Identification Card in order to access any Whitewater facility. Use of a Member's Whitewater Membership Card by any other person other than the registered Member may also result in automatic termination of Membership;
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**In the event of a misrepresentation of facts or information provided to Whitewater by me, in support of my application for membership with Whitewater, I hereby confirm and understand same to be sufficient cause for immediate Termination of my Membership with no reimbursement of amounts paid to date.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Member



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**MEMBERSHIP INFORMATION**

Name: _____	Birth date: _____
Name: _____	Birth date: _____
Name: _____	Birth date: _____
Name: _____	Birth date: _____
Name: _____	Birth date: _____

<u>Category</u>	<u>Dues \$</u>	<u>Amount Payable</u>
Enhanced Principal	\$3,195	\$ _____
Enhanced Principal Spousal	\$2,165	\$ _____
Senior	\$2,800	\$ _____
Principal Intermediate	\$2,390	\$ _____
Principal Intermediate Spousal	\$1,840	\$ _____
*Intermediate	\$1,595	\$ _____
*Sponsored Intermediate	\$1,820	\$ _____
*Student	\$1,200	\$ _____
*Sponsored Student	\$1,420	\$ _____
*Junior	\$225	\$ _____
*Sponsored Junior	\$735	\$ _____
Associate	\$635	\$ _____
Locker Fee	\$130	\$ _____
<small>(Lockers are N/C for Enhanced Principal, Enhanced Principal Spousal &amp; Seniors)</small>		
Club Storage (optional for * member)	\$55	\$ _____
G.A.O. Handicap Fee	\$40	\$ _____
<small>(Applicable to Associate Only)</small>		
<b>Sub Total</b>		\$ _____
<b>HST (Applicable to all)</b>	<b>13%</b>	\$ _____
<b>Total</b>		\$ _____

Method of Payment for Annual Dues (please select one)

\_\_\_\_\_ Cheque enclosed

Please fill in Number and Expiry below only if paying by credit card:

\_\_\_\_\_ Visa

Credit Card Number: \_\_\_\_\_

\_\_\_\_\_ MasterCard

Expiry (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_