Berwick Heights Golf.com

P.O. Box 100
Berwick, N.S.
B0P 1E0
Phone: (902)847-9000
Fax: (902)847-9005
e-mail: info@berwickheightsgolf.com

2018
Membership Application

Please Print Clearly

Name(s):_____

Mailing Address:_____

Town/City:_____ Postal Code:_____

Telephone: (Home)_____ (Cell)_____ DOB:_____

Email address: _____

All rates include HST

Memberships

Regular Member - *unlimited play*	$	930.00
Weekday Member (Monday – Friday)	$	830.00
NEW Member(has not been a member at BHGC in the past 4 years)	$	695.00
2nd year New Member	$	795.00
Dual (with proof of membership at another club)	$	695.00
Couples Regular - *unlimited play*	$	1800.00
Couples Weekday (Monday – Friday)	$	1620.00
Student Member (ages 19 – 25 with valid student ID)	$	520.00
Junior Member (up to/including age 18)* includes Clinic fee	$	175.00

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*	$	220.00
Trail Fees*- *shared ownership between two people*	$	299.00
Electric cart charge fee	$	85.00

Rentals / Storage

Annual cart rental* - *Single person*	$	899.00
Annual cart rental* - *Couple*	$	999.00
Pull cart rental for the season	$	50.00
Club Storage for the season	$	115.00
Drive Cart Package (10 round pass)	$	285.00

Range Token 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 2018 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. 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)

Method of Payment: Cash / Cheque / Visa / MasterCard / Amex   Total Paid:_____

Card #_____

Exp. Date_____