



**2016 Fall
Membership Special**

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

Pay \$250.00, per person, now and enjoy the playing benefits of being a member at Berwick Heights Golf Course for the remainder of the 2016 golf Season.

The \$250.00 will be applied to your 2017 golf Membership at Berwick Heights Golf Course.

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)

Please ☒ the membership type you are applying for,
for the 2017 Season and the remainder of the 2016 season.

Membership Types:

___ Regular Member

___ Weekday Member

___ **New Member** (has not been a member at BHGC for the past 4 years)

___ Husband & Wife Regular

___ Husband & Wife Weekday

___ Dual (with proof of membership at another club)

___ Student Membership
(ages 19 – 25 with valid student ID)

I hereby apply for membership at Berwick Heights Golf Course for the 2017 season. I agree to abide by all rules, regulations and signage at Berwick Heights. By paying the 2016 Fall Special Membership rate of \$250.00 you agree to purchase a membership for the 2017 golf season. 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