



2018 Membership Application

Box 158, Fruitvale, BC V0G 1L0, www.golfchampionlakes.com
 Golf Shop: (250) 367-7001, Toll Free: 1-877-900-7030, Fax: 250-367-6699

Name:	Age Category: (please circle one junior) 19-25 26-40 41-54 55-64 65+
Spouse (if joining):	Age Category: (please circle one) 19-25 26-40 41-54 55-64 65+
Mailing Address:	Email:
	Phone:

Names of Children	Gender	DOB: (D/M/Y)	Student ID

Student: Student must still be attending school as of Mar. 1/18)
 (i.e.: a letter from department or a receipt of tuition showing courses and dates).

Membership	\$	Locker Rental Waiver: As undersigned below, I am waiving my legal rights for recovery against Champion Lakes GCC, their agents, and/or employees for damage to my contents while being stored in my locker.
BCGA Fees for juniors in family membership \$34ea	\$	
Locker	\$	Signed: _____ ^x
Cart Shed	\$	Golf Cart Liability Waiver: As undersigned below, I assume absolute liability for the operation of my golf cart while at Champion Lakes GCC. I will carry adequate liability insurance on my golf cart.
Driving Range	\$	
Power Cart Rentals	\$	As undersigned below, I am waiving all my legal rights for recovery against Champion Lakes GCC, their agents and/or employees for damage to my golf cart and equipment while in storage.
Sub Total	\$	
Insurance	\$	Signed: _____ ^x
Grand Total	\$	

Insurance \$25pp (please initial to decline)	1 st Person	2 nd Person
*Refunds or credits will only be considered if insurance is in place. Insurance must be purchased prior to opening day or at time of membership purchase. Need to sign a separate form for insurance.		
* Only applicable to adult memberships & if insurance form is completed.		
Purchaser Signature:	Date:	

Are you willing to Volunteer? Yes No

****Payment for membership can be made by cash, cheque or debit card, (credit cards will not be accepted)**