

Name:

Spouse (if joining):

be accepted)

2019 Membership Yearly Dues

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

41-54 55-64 65+

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Age Category: please circle one junior 19-25 26-40

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Mailing Address:				Email:		
			Phone:			
Names of Children Gender		Gender		DOB: (D/M/Y)	Student ID	
Student: Student mus (i.e.: a letter from dep		_		•	nd dates).	
Membership	\$			ter Rental Waiver: As undersigned below, I am waiving my		
BCGA Fees for Juniors in family Membership \$34 ea	rs in family		legal rights for recovery against Champion Lakes GCC, their agents, and/or employees for damage to my contents while being stored in my locker.			
Locker	\$		Signed	d:		
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	\$					
Sub Total	\$		recove	ersigned below, I am waiving all my legal rights for ry against Champion Lakes GCC, their agents and/or		
			employees for damage to my golf cart and equipment while in storage.			
Insurance	\$					
Grand Total	\$		Signed	:		<u></u>
Insurance \$25pp (ple	ase	initial to decline)		1 st Person	2 nd Person	
*Refunds or credits w or at time of member		•	if insura	nce is in place. Insura	ance must be purchased prior to	opening day
* Only applicable to a	dult	memberships & if	insuran	ce form is completed	d.	
Purchaser Signature:				Date:		
Are you willing to Vol	unte	eer? Yes N	0			

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