



spectacular orchard setting

2017 Membership Application Form

- GOLD
- SILVER

- Full Play
- Couples
- Intermediate

- Renewal
- New Member

Golf Shop

250.862.3103
250.862.3107 fax

Food & Beverage

250.862.3177
250.862.3173 fax

Sales & Marketing

250.862.3109
250.862.3832 fax

Administration

250.862.3101
250.862.3840 fax

Address

2725 K.L.O. Road
Kelowna, B.C.
V1W 4S1

Online

proshop@harvestgolf.com
www.harvestgolf.com

Name: _____

Name(s) sharing Corporate or Couples Membership: _____

(EACH MEMBER SHARING A CORPORATE OR COUPLES MEMBERSHIP MUST FILL IN AN APPLICATION)

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Residence Tel: () _____

Cell: () _____ Business Tel: () _____

Email address: _____

Signing Privileges

Credit Card #: _____ Exp: _____

To secure signing privileges, I hereby authorize The Harvest Golf Club Ltd. to post any outstanding balance on my members account, as of the 20th of the following month, to my credit card number above. All overdue accounts are subject to interest calculated at 12% per annum.

If you wish to pay your account with anything other than the above credit card, please ensure payment reaches the golf shop prior the 20th of the month. If no payment is received, all charges will be processed to your credit card.

Name on credit card _____

I hereby apply for an annual membership, expiring December 31, 2017 at The Harvest Golf Club in Kelowna, BC. I agree to pay such annual dues to The Harvest Golf Club LLP., upon said membership, and faithfully observe and comply with all rules and regulations of the Club.

I hereby agree to all terms and conditions, policies and procedures as may be published from time to time.

Applicant's Signature: _____ Date: _____

2017 Membership Number: _____

Corporate Pass # _____

Staff Initial: _____

Golf Canada Dues Paid