



**Salmon Falls**  
*Country Club*  
**Hollis, Maine**

Web Site: [www.salmonfallscountryclub.com](http://www.salmonfallscountryclub.com)

52 Golf Course Lane, Hollis Center, Me 04042  
207-929-5233 Email: [info@salmonfallscountryclub.com](mailto:info@salmonfallscountryclub.com)

**Application for Membership - RENEWALS thru 12/1/18**

I/we hereby apply for membership to the **Salmon Falls Country Club**. If accepted for this membership (temporary or full) I/we agree to abide by the Rules of **Salmon Falls Country Club**

**Personal Information** (Please print and fill in completely)

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ D.O.B \_\_\_\_\_

Additional Family Member:: \_\_\_\_\_ D.O.B \_\_\_\_\_

Additional Family Member: \_\_\_\_\_ D.O.B \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Address (P.O. Box # **not** acceptable)

Phone number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City/Town \_\_\_\_\_

**Membership Applied For:**

Status  
**Single**  
**Family (includes children 6-12)**  
    Each additional child (13-18)  
**Senior Couple**  
**Junior (youth age 13-22)**  
**Any HS Golf Team Member**  
**Corporate Membership: Up to 4 People under company name**  
**Weekday Only (unlimited play Monday-Friday excludes Corp)**  
**Annual Cart Plan**

**Renewal Membership Rate:**

Under 65	<i>Over 65/Veterans/1<sup>st</sup> Responders</i>
<b>\$950</b>	<b>\$850</b>
<b>\$1350</b>	<b>N/A</b>
<b>\$225</b>	
<b>N/A</b>	<b>\$1250</b>
<b>\$550</b>	<b>N/A</b>
<b>\$450</b>	<b>N/A</b>
<b>\$3100</b>	
<b>15% off eligible Membership Plans</b>	
<b>\$400</b>	<b>\$400</b>

**Application Components**

I/we understand that this application will not be accepted unless accompanied by each of the following:

- \_\_\_\_\_ Full Payment for the Membership Fees
- \_\_\_\_\_ A completed application for membership.

**Fee Refunds:**

I/we understand that this application with the enclosed fee (check or money order) will processed and I/we become members on the day of full payment.

I/we further understand that, I/we will have 30 days in which to:

- A. Request a refund less any applicable greens fees that would have been incurred during the 30 day period.
- B. Request a refund in writing to be delivered to SFCC within the 30-day period.
- C. No refunds will be granted if the 2019 membership was a "pay in 2018, play free offer", or if request is submitted after the 30 day period

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Membership: \$ \_\_\_\_\_ Type of Membership \_\_\_\_\_

Cart Plan (not required): \$ \_\_\_\_\_

Association Fee (not required): \$ \_\_\_\_\_

GHIN Fee (not required): \$ \_\_\_\_\_

:

Total: \$ \_\_\_\_\_

Payment Method: CASH CREDIT CHECK

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Entered By: \_\_\_\_\_

**Refer a Friend:**

**Name:**

**Phone:**

**Email:**

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