



Salmon Falls
Country Club
Hollis, Maine

Web Site: www.salmonfallscountryclub.com

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

Application for Membership

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

Membership Rate:

Under 65	Over 65/Veterans/1 st Responders
\$1050	\$950
\$1500	N/A
\$225	
N/A	\$1400
\$550	N/A
\$450	N/A
\$3100	
15% off eligible Membership Plans	
\$500	\$500

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:
