

Member Signature: _

2025 MEMBERSHIP

Surname:			F	irst Name:						
Please comp	olete spouse in	formation	only if	ioining as a Couples	Memb	ership or a	an additi	onal Range I	Aembership.	
Spouse Surname:			S	pouse First Name:						
Address:					•					
City:			Р	rovince:		Ontario)	Postal Code:		
Residence Phone:			В	usiness/Cell Phone:				!		
Email:					1					
	Please comple	te if adding	Juniors i	as members.			Age:	M/F:		
Junior Member Name:										
Junior Member Name:										
•	Please refer	r to Mem	bership	Package for furt	her des	scription	s and fe	e structure		
Category	# Pre-N	Iarch 1	#	After March 1						
Adult	\$ 1,	999.00		\$ 2,099.00	\$	-				
Adult (20-29)	\$ 1,	499.00		\$ 1,549.00	\$	-				
Adult Couple	\$ 3,	399.00		\$ 3,499.00	\$	-	Memberships Include:			
Student (17-25)**	\$	999.00		\$ 1,049.00	\$	-	Unlimited Golf Advanced Online Booking			
Junior (10-16)	\$	549.00		\$ 549.00	\$	-				
Junior Family	\$	449.00		\$ 449.00	\$	-	Golf Canada Gold Membership			
Beginner (under10)	\$	179.00		\$ 179.00	\$	-	Reciprocal Golf @ the SCC* Member Events and			
Range Member 5	\$	405.00		\$ 405.00	\$	-				
Range Member 10	\$	675.00		\$ 675.00	\$	-	Programs			
7 Month Payment Plan Admin Fee				\$ 75.00	\$	-	*Some Restrictions Apply			
Bundle Package	\$	999.00		\$ 1,049.00	\$	-	"Some Restrictions Apply			
Rider Package	\$	799.00		\$ 849.00	\$	-				
Pull Cart Rental	\$	75.00		\$ 75.00	\$	-				
Range Balls (1 bucket per day	y) \$	150.00		\$ 175.00	\$	-	Credit C	Card Monthly	Payment Authorization	
Locker	\$	50.00		\$ 50.00	\$	-	☐ I au	thouise the Liete	yural Calf Club to about to my	
Club Storage	\$	125.00		\$ 150.00	\$	-	☐ I authorize the Listowel Golf Club to charge to my account the amount owing to the club based on the			
				ubtotal	\$	-	Membership Package Payment Options Plan. I understar that the Payment Plan Option is due on the 1st of each			
			F	IST	\$	-	month for 7 (March 1 - October 1) months and will be charged to the credit card provided below unless payme has already been received by an alternate method.			
			Γ	otal	\$	-				
	Paym	ents						,		
			В	alance Due	\$	-	Number of Paym			
							Monthly Amount			
Visa □ MasterCard	d □ Ame	. .						<u>- </u>		
Card #:		· 					Expiry:			
_										
Member Signature:							Date: _			
Acceptance of Rules a									NT INFORMATION	
I have read and understoo Club. If I fail to observe ar			egulatio		stand th	at I will be				

Date: _