



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)
Annual Cart Plan

Membership Rate:

Under 65	Over 65
\$900	\$800
\$1400	N/A
\$205	
N/A	\$1300
\$525	N/A
\$425	N/A
\$3100	
15% off eligible Membership Plans	
\$500/person	\$500/person

VETERANS and FIRST RESPONDERS receive an additional 10% discount off eligible Membership Plans

*** Senior Single, Senior Couple and Corporate Memberships are NOT eligible for Veterans/ First Responder discount OR Weekday only Discounts.*

Application Components

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

- _____ A check 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 be held until completion of the membership process and that should I/we not become member(s) my/our check or money order will be returned to me/us within thirty (30) days of membership process completion.

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

- A. Accept placement as a member. Dues will be payable on or before March 1, each year. (No refund or dues after member is accepted.)
- B. Request a refund in writing. Should this written request not be received within the 30-day period, no refunds will be granted.

Signature: _____

Date: _____

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:
