

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**

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: Membership Rate:

|  |  |  |
| --- | --- | --- |
| *Status* | Under *65* | *Over 65/Veterans/1st Responders* |
| **Single (18 or over)** | **$1150** | **$1035** |
| **Couple (includes children 6-12)** | **$1650** | **N/A** |
| **Each additional child (13-18)**  **Senior Couple** | **$350**  **N/A** | **$1530** |
| **Junior (youth age 13-22)** | **$550** | **N/A** |
| **Any HS Golf Team Member** | **$450** | **N/A** |
| **Corporate Membership: Up to 4 People under company name** | **$3600** |  |

**Weekday Only (unlimited play Monday-Friday excludes Corp 10% off eligible Membership Plans** **Annual Cart Plan (per person) $550 $500**

**Food/Beverage/Merchandise Plan (FB&M $500 of credit) $450 $450**

**Note 1. FB&M plans provide a 10% discount to all members and can be used at Salmon Falls Country Club and The River Tap & Grill. Minimum purchase each year of $500 “credit” per year after which cards can be loaded at any time and any increment and will achieve 10% discount when cash is loaded onto card.**

# 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:

1. Request a refund less any applicable greens fees that would have been incurred during the 30 day period.
2. Request a refund in writing to be delivered to SFCC within the 30-day period.
3. No refunds will be granted if the 2022 membership was a “pay in 2021, play free offer”, or if request is submitted after the 30 day period

Signature: Date:

Type of Membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership: $

FB&M Plan (not required): $

Cart Plan (not required): $

GHIN Fee $40.00 (not required): $

Sub-Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: $

Payment Method: CASH CREDIT CHECK

Received by: Date:

Entered By:

**Refer a Friend:**

**Name: Phone: Email:**