



Salmon Falls
Country Club
Hollis, Maine

2026_Membership_Application - Copy.docx

Web Site: www.salmofallscountryclub.com

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

New Member Application for 2026

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 (18 or over)
Couple (includes children 6-12)
Each additional child (13-17)
Senior Couple
Junior (youth age 13-17)

Corporate Membership: Up to 4 People under company name
Weekday Only (unlimited play Monday-Friday excludes Corp
Annual Cart Plan (per person)
Food/Beverage/Merchandise Plan (FB&M \$500 of credit)

Membership Rate:

Under 65	Over 65/Veterans/1 st Responders
\$1400	\$1260
\$2100	N/A
\$600	
N/A	\$1890
\$650	N/A
	N/A
\$4975	
10% off eligible Membership Plans	
\$650	\$600
\$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 a 10% discount when cash is loaded onto the 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 be 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 2026 membership was a "pay in 2025, 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:
