

1350 Mountain Road Thunder Bay, ON P7J 1C2

Ph: (807) 475-8925 Fax: (807) 473-812

2018 FEE SCHEDULE

Unrestricted playing privileges with the following exceptions: Gentlemen cannot	Single	Couple	Single	Couple
following exceptions: Gentlemen cannot			0 -	Couple
tee off between 08:30 – 11:00 am or between 4:30 – 6:00 pm on Tuesdays Ladies cannot tee off between 12:00 pm – 6:00 pm on Wednesdays	\$2380.00	\$4360.00	\$2500.00	\$4580.00
Membership restrictions and privileges are the same as General membership.	\$2140.00	\$3880.00	\$2250.00	\$4080.00
Membership is restricted from playing before 1:00pm on weekends and holidays.	\$1520.00	\$2740.00	\$1600.00	\$2880.00
May play Monday, Thursdays and Fridays all day, Tuesdays between 1:00pm - 4:00 pm, Wednesday before 12:00 pm, Weekends and holidays after 2pm. Includes 5 group lessons Excludes club storage (\$75 Club Storage)	\$150.00 (Age up to 12) \$250.00 (Age 13 – 18)	N/A	N/A	N/A
Membership is restricted from playing before 2:00 pm on weekends and holidays. • Excludes club storage (\$75 Club Storage)	\$880.00	N/A	N/A	N/A
Membership is valid Tuesdays, limited to 12 rounds of golf.	\$540.00	N/A	N/A	N/A
Unrestricted playing privileges with the following exceptions: Gentlemen cannot tee off between 08:30 – 11:00 am or between 3:00 – 5:30 pm on Tuesdays	\$2800.00	N/A	N/A	N/A
Ladies cannot tee off between 12:00 pm – 6:00 pm on Wednesdays Permitted to golf 6 rounds at current member guest rate • Excludes club storage (\$75 Club Storage)	\$400.00	N/A	N/A	N/A
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Other Fees:						
Lockers	Ladies Locker Rental - \$50.00.		Men's Locker Rental - \$100.00			0
Power Cart Rentals	t Power cart rentals are per member		Early B	ird Rate	After Fel	oruary 28 th
			\$710.00		\$750.00	
Food & Beverage	All members (excluding students, Juniors and House Members) will be required to support a minimum account May 1/18 - October 31/18	Tuesday Ladies \$185.00	\$325.00	\$550.00	\$225.00	Senior Couple \$400.00
Capital Improvement Program	(Before tax and minimum 10% gratuity) Full Paying Members are require \$175/person annually.	d to support t	the Capital Imp	provement Prog	gram in the a	mount of

		8 Membership Ap		
Account #:		- · · ·	,	
Name:				
				
Address:				
City/Prov:				
Postal Code:				
Email address:				
Phone #:				
		Method of Paym	ent	
☐ Cheque Enclosed	☐ Cash o	or Debit (available i	n office only)	
☐ Visa/Mastercard:			/	_ ()
				3 digit security code
Full Name		DOB	Type of Membership	3 digit security code Amount
Full Name		DOB	Type of Membership	
Full Name		DOB	Type of Membership	
Full Name		DOB	Type of Membership	
Full Name		DOB	Type of Membership Total Membership Fees	
Full Name		DOB		
Full Name		DOB	Total Membership Fees Locker(s) Fee	
Full Name		DOB	Total Membership Fees	
Full Name		DOB	Total Membership Fees Locker(s) Fee	
Full Name		DOB	Total Membership Fees Locker(s) Fee Power Cart(s) Rental	
			Total Membership Fees Locker(s) Fee Power Cart(s) Rental Sub-total	Amount

Αŗ Rate.

I agree to comply with all rules and conditions of the membership. I understand all amounts charged to my account at the Club must be paid monthly on receipt of statement. Failure to remit payment may result in suspension of privileges until the balance is paid. I understand that every full playing member is also required to support a House tab (see D under "other fees"). Signed: Date: _____

PRE-AUTHORIZED CREDIT CARD PAYMENTS

If you would like hassle-free account payments, we offer automatic billing to your credit card for your monthly account balance. You will continue to receive monthly statements and have 10 days from the statement date to report any discrepancies to the club office.

All pre-authorized payments will be processed on the 10th of the following month.

Simply complete this form and return it to the club office to initiate pre-authorized payments.

* Members currently on the direct payment plan must also fill in this form and return it to the club office in order to update our records.

	CDE	DIT CARD ALITHORIZATION	
		DIT CARD AUTHORIZATION	
	Name		
	Home Phone #		
Personal Information	Work Phone #		
	Fax#		
	Email Address		
	Card Type	□ Visa □ M	aster Card
Cuadit Cand Information	Credit Card #		
Credit Card Information	Expiry Date		3 Digit Security code:
	Name on Card		
I hereby give the Fort William Golf and Country Club permission to bill/charge the credit card listed above monthly for payment of my: (please check one) for any variations or other options, please contact the Club office.			
	☐ 2018 Dues	☐ 2018 Dues and monthly	house tab
Signed:		Date: _	

The Fort William Golf and Country Club will continue this pre-authorized payment plan until they receive notice in writing to cancel the authorization. *You will be required to update this information annually.*

MEMBERSHIP REFUND POLICY

- Requests received prior to May 1st will receive a full refund, less a \$40.00 administration fee.
- Requests received before July 15th will receive a 50% refund, less a \$40.00 administration fee, to be applied against a renewal of the next season membership fee.
- Requests received after July 15th no refund will be issued. The member can make a request directly to the Board of Directors for consideration.
- All requests must be accompanied by a Medical Certificate

Please note: Fort William Golf and Country Club insurance only covers items under lock and key. It does not cover items stored <u>outside</u> of the lockers

By signing this form, I understand the membership document.	refund policy and insurance statement as outlined in this
Signature	Date
Printed Name	