



SANDPIPER
RESORT
GOLF COURSE

Thank You for choosing Sandpiper Resort Golf Course!
For reservations call 604.796.1000

MEMBERSHIP APPLICATION

APPLICANT DETAILS

Date: _____ Member Number: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Email: _____ Postal Code: _____

Phone / Cell: _____ Date of Birth: _____

Referring Member: _____ Mem #: _____ Gift Card Given: _____

SEASON'S PASS TYPE

Junior Pass

Intermediate Pass

Senior Pass

Twilight Pass

Limited Single Pass

Unlimited Single Pass

1-Month Pass

Add spouse for \$850 + tax

Add power cart for \$995 + tax

PAYMENT PLAN

Paying Upfront In Full *Flex-Plan Options*

4 Payments (6% Surcharge)
12 Payments (12% Surcharge)

Subtotal: _____ Tax: _____ Total: _____

Membership Cost: _____ + _____ = _____

Spouse Addition: _____ + _____ = _____

Cart Addition: _____ + _____ = _____

Credit Card Number: _____

Signature: _____ Expiry Date: _____

Visa, MasterCard, AMEX, Cheque, Debit or Cash are accepted for Memberships NOT on a payment plan. All payment plans must be paid by post dated cheque or credit card. I understand a \$25.00 fee will apply to any declined credit cards or returned cheques.

**Membership payment plans include taxes and surcharge.
Payment plan does not include Power Cart.**

4 Payments : _____

Date: _____

Staff Initial: _____

12 Payments :

Date: _____

Staff Initial: _____

Date: _____

Staff Initial: _____

OFFICE USE ONLY

Bonus card given: _____

New / Existing Member

Membership Expires: _____

Date Paid in Full: _____

Staff Initial: _____

Referring Staff Member:

Date: _____

Signing Authority:

Signature:

The payment plan is not a month to month membership. No refunds, transfers, or temporary holds on any memberships will be granted. I understand I am obligated to pay my membership in full as per the agreed payment plan.