

Membership Application 2021

Please Print

Primary Applicant: _____

Street Address: _____

City: _____

Postal Code: _____

Telephone: _____

Email Address: _____

Additional Member(s): _____

Membership Type: Gold Single - 7 day Gold Single Spouse - 7 day
\$ _____ \$ _____

Gold Family - 7 day \$ _____

Gold Weekday - 5 day Gold Weekday Spouse - 5 day
\$ _____ \$ _____

Silver Single - 7 day Silver Single Spouse - 7 day
\$ _____ \$ _____

Silver Family - 7 day \$ _____

Silver Weekday - 5 day Silver Weekday Spouse - 5 day
\$ _____ \$ _____

Silver Under 40- 7 day Silver Under 40 Spouse - 7 day
\$ _____ \$ _____

Twilight No Frills Option 1 No Frills Option 2 Intermediate Junior

Corporate A Corporate B Corporate C

Food & Beverage Account: \$300 Single Member \$450 Couple Member
 \$200 Single Member (under 40) \$300 Couple (under 40)

Additional Services: (including HST) Locker \$120 Driving Range - Unlimited \$250
 Annual golf cart \$925 Club Storage \$120
 Golf bag Cart storage \$120 Battery Storage \$120 Total Paid \$ _____

I hereby apply for membership at *ROCKWAY VINEYARDS* and agree to be bound by the by-laws, rules and regulations thereof as set from time to time. I understand that dues and membership fees are NON-REFUNDABLE (under no circumstances). Clubs, carts and batteries are stored at your own risk and Rockway Vineyards assumes no responsibility for theft or damage caused in any way.

Date

Payment Received

Member Signature

Authorized Club Signature