



**saugeen shafts**

## Membership Application

Name: \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Town: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*If this is a family membership, please list the members of your family (under the age of 16 years)*

Name	Sex M/F	Birthdate (if under 16)
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**FEES:**

**Winter Membership**  
(October 1<sup>st</sup> to April 1<sup>st</sup>)

**Full Year Membership**  
(October 1<sup>st</sup> to September 30<sup>th</sup>)

Family	<input type="checkbox"/>	\$340.00	<input type="checkbox"/>	\$425.00
Senior	<input type="checkbox"/>	\$250.00	<input type="checkbox"/>	\$325.00
Junior	<input type="checkbox"/>	\$190.00	<input type="checkbox"/>	\$265.00

*I \_\_\_\_\_ Agree to abide by the rules and limitations of this membership in its entirety during its duration. This membership can be revoked at anytime as a result of a breach of the rules or limitations, effective immediately upon written notice, with **NO REFUND**.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
for Saugeen Shafts

For Office Use Only

Fee Received by: \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit \_\_\_\_\_ Date: \_\_\_\_\_