

2024 MEMBERSHIP

| CONTACT INFORMATION | | | | |
|---------------------|-------------|--|--|--|
| Name: | Spouse: | | | |
| Child 1: | Child 2: | | | |
| Child 3: | Child 4: | | | |
| Address: | | | | |
| | State: Zip: | | | |
| Phone: | Phone: | | | |
| E-mail 1: | E-mail 2: | | | |

2024 MEMBER DUES CATEGORY 2024 DUES TOTAL \$900 Individual Golf \$1,350 Couple Golf Family Golf \$1,500 Twilight Golf (after 3pm) \$650 Student Golfing \$495 (full time student up to age 23) Business I (foursome per day walking) \$2,500 Business 2 (foursome per day w/ cart) \$4,000

| 2024 MEMBER OPTIONS | | | | |
|----------------------------|--------------|--------------|--|--|
| <u>Option</u> | Cost | <u>Total</u> | | |
| 18 Hole 10-Play Guest Card | \$350 | \$ | | |
| 9 Hole 10-Play Guest Card | \$220 | \$ | | |
| GHIN Handicap System 2024 | \$40 | \$ | | |
| Seasonal Cart, Single 2024 | <i>\$750</i> | \$ | | |
| Seasonal Cart, Couple 2024 | \$1250 | \$ | | |
| | | | | |
| | | | | |
| | | | | |

Total Amount, Membership and/or Member Options: \$

Total Amount From Front: \$

| PAYMENT INFORMATION | | | | |
|---|--|---|--|--|
| Card #(VISA, MASTERCARD or DISCOVER) | Exp | CVV Code: | | |
| (VISA, MASTERCARD or DISCOVER) | | | | |
| Billing Address (Street Number): | | Billing Zip: | | |
| Please make checks payable to Wilson Lake CC. Return completed form with check or credit card information to | o: | | | |
| Wilson Lake Country Club | Signed | | | |
| 320 Weld Road • Wilton, ME • 04294 | - | | | |
| (207) 645-2016 | Printed _ | | | |
| liability, damage, or cost they may incur due to the presence of the undersign facilities or equipment of the Club or participating in any program affiliated | iated program. It iliated program conspected and care on, use, or particing ANY PURPOSE, I ED WITH THE CLUTHE FOLLOWING SCHARGES AND Com all liability to the on account of incremise while the roub, without respense of AND SAVE AND gned in, upon, or with the Club who | t is further warranted that such entry into the Club for constitutes an acknowledgement that such premises and all efully considered and that the undersigned finds and accepts cipation. INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF UBS, G: COVENANTS NOT TO SUE THE CLUB, their directors, the undersigned, his personal representatives, assigns, heirs, injury to the person or property or resulting in death of undersigned is in, upon, or about the premises or any facilities elect to location. O HOLD HARMLESS the releasees and each of them form any loss, r about the Club's premises or in any way observing or using any | | |
| to negligence or releasees or otherwise while in, about, or upon the premise thereon or participating in any program affiliated with the Club. | | | | |
| THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WA permitted by the law of the State of Maine and that if any portion thereof is legal force and effect. | | | | |
| THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND oral representations, statements, or inducement apart from the foregoing v | | | | |
| I HAVE READ THIS RELEASE AND AGREE TO IT FOR MYSELF I AGRE | EE TO THIS RELEA | ASE FOR MY CHILDREN WHO ARE MINORS | | |
| | // | | | |
| Date Member's Signature | Date | Member's Signature | | |
| By signing below, I acknowledge that I am a member of the Club and, as suc membership is non-refundable. I also understand that any member listed on the Club to terminate my membership privileges without refund. I also give receive proper medical treatment, unless otherwise noted in writing. | r my guests who | fail to follow the established Club policies can be cause fo | | |

Signature: _____ Staff Signature: _____