



2024 MEMBERSHIP FORM

Box 28, Elbow, SK, S0H 1J0
Phone: 306-854-2300
www.harborgolfclub.com
rhatt@harborgolfclub.com

Name: _____

Mailing Address: _____ Town/City: _____ Postal Code: _____

PH (Cell): _____ PH (Other): _____ E-mail: _____

Membership Category	<input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> 18 unlimited <input type="checkbox"/> 18 weekday <input type="checkbox"/> 9 unlimited	
	Annual Fee	\$
	Annual Cart Fee	\$
	Sub Total	\$
	GST (5%)	\$
	PST (6%)	\$
	Total Fee	\$

Membership Fee can be made in 2, 3 or 4 payments of equal value, please indicate the date and amount of each payment below:

	Payment 1	Payment 2	Payment 3	Payment 4
Date:				
Amount:				
Payment Type: <input type="checkbox"/> Credit Card (insert info below) <input type="checkbox"/> Post-Dated Cheques <input type="checkbox"/> eTransfer (amber@harborgolfclub.com)				

Credit Card Number _____ Expiry Date _____ CVC _____

As a member of Harbor Golf Club & Resort, you agree to abide by the rules and policies set out by Harbor Golf Club & Resort Management and affirm that the information submitted is true and accurate. By providing Harbor Golf Club & Resort information on this form, you affirm the ability for Harbor Golf Club & Resort to use and disclose information for the purpose of providing services or information, managing records, and conducting research at the discretion of Harbor Golf Club & Resort. This information is for internal purposes only and will not be shared or sold.

MEMBER SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY		
Payment Date: _____	Method of Payment: _____	Receipt Number: _____