



CGCI SHAREHOLDER MEMBERSHIP APPLICATION

STARTING APRIL 1, 2017

SHAREHOLDER MEMBERSHIPS

MEMBERSHIPS

18 HOLE:

	ONE TIME PAYMENT	MONTHLY
7 DAY (Unlimited)	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$117
5 DAY	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$92

9 HOLE:

7 DAY	<input type="checkbox"/> \$900	<input type="checkbox"/> \$75
5 DAY	<input type="checkbox"/> \$650	<input type="checkbox"/> \$54

Weekdays M-F, excludes holidays

TWILIGHT - SINGLE:

<input type="checkbox"/> \$550	<input type="checkbox"/> \$46
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7 days a week / summer after 4pm / off season after 12pm

ANNUAL CART PASS (per cart): - Valid 4/1/17-3/31/18

Purchased with a Membership		Purchased without a Membership	
<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$600 (2 Carts)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$650 (2 Carts)

PAYMENT:

Please Print Name: Name: _____

Please Sign: Signature _____

Installment Plan: Yes No

Monthly payments are accepted as a convenience to the members of Charbonneau Golf Club, Inc.

Golf Membership purchasers who choose to pay on a monthly basis are agreeing to pay in full the total price in no less than 12 monthly payments and in full within one year of April 1, 2017. MEMBERSHIPS WILL BE ON GOING WITH AUTOMATIC RENEWAL. TERMINATION OF MEMBERSHIP MUST BE IN WRITING, MEMBERSHIP WILL CEASE 60 DAYS AFTER WRITTEN NOTICE HAS BEEN RECEIVED. REFUNDS WILL FOLLOW CGCI REFUND POLICY

Payment by: MasterCard Visa American Express Discover Check

Credit Card #: _____ Exp: _____ Security Code: _____

Name as it appears on Card: _____

Please Sign and Remit Application and Check Payment to: Charbonneau Golf Club, Inc., 32020 SW Charbonneau Dr., Wilsonville OR