

Membership Registration Form 2020 Chippewa Creek Golf

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Children (Family Membership) _____

Address :

Phone Number(s) : _____

E-mail(s) :

I would like to receive e-mails from Chippewa Creek Golf

Membership Category: _____

Total Paid (including HST): \$ _____

- Playing privileges begin once completed registration form and payment is received (*reminder tee times are required)
- Due to the Covid-19 situation it would be greatly appreciated if payments could be e-transferred to proshop@chippewacreekgolf.com
- Once payment has been submitted please email completed registration form to proshop@chippewacreekgolf.com
- Payments will be accepted at the pro shop. Please bring completed registration form and payment with you when you check in for your first tee off time. **Please do not come to the course when we first open just to pay for your membership as only golfers with tee off times will be allowed in.**
- Memberships are non-refundable and non-transferable

Signature: _____ Date: _____