

## Savage Creek Senior Men's Golf Club Membership Renewal Form

## Membership Renewal Fee is \$125.00.

It's time to re-up. Payment is by cheque or etransfer. If by cheque, please use the current date (do not post-date) and make your cheque payable to Savage Creek Senior Men's Golf Club. No initials such as SCSMGC please, as the bank will return the cheque. Clip your cheque to this form. Either drop them off at the Starter's Table or mail them to:

Savage Creek Golf Club, PO Box 128, Unit 3080 11666 Steveston Highway Richmond B.C V7A 5J3

If paying by etransfer, please use name Doug Ellis, email treasurer.savagecreek@gmail.com. Be sure to include your name. if there are changes to your personal info, email this completed form to <a href="mailto:savagecreekseniormens@gmail.com">savagecreekseniormens@gmail.com</a> or print it, drop it off at the Starters Table or mail it to the address above. Receipt of your payment confirms your membership in the Club.

## Cut—Off Date for Submitting Your Payment is October 31, 2024.

As usual, Members will be able to view the Membership List detailing members' names, numbers. contact phone numbers and email addresses on the Club's website. It is password protected. In protecting the privacy of our members, we require that members DO NOT print copies of the Membership List, nor share it with any non-members or organizations. Please indicate below whether you approve of having your information included on the Membership List.

I agree to have my member number,	name, contact phone numb	er and email addre	ess listed on the Club's
website (Tick On Your Choice):	YES	NO	

I will require a power cart (Tick On Your Choice): YES NO

SCSMGC requires all members to be fully Covid vaccinated. By submitting this form, I attest to being fully Covid vaccinated. Also, by submitting this form, I attest to my intention to review and comply with the Golfing Etiquette and Bylaws of Savage creek Senior Men's Golf Club.

## Any Changes to Contact Info? Your Name: Former Occupation: Telephone: Email: Emergency Contact: Name: Telephone: Date: