



SAVAGE CREEK SENIOR MEN'S GOLF CLUB

2024 APPLICATION NEW MEMBER FORM

First Year Membership Fee is \$150.00

Fill in this form and email it to savagecreekseniormens@gmail.com. Or mail it to the address below. Once you are advised that your application is accepted, you can pay 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 a copy of this form. Mail it 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. Receipt of your payment confirms your membership in the Club.

Name _____ Date _____ (mm/dd/yyyy)

email _____ Former Occupation _____

Birthdate _____ (mm/dd/yyyy) Phone: _____

SCSMGC requires all members to be fully Covid vaccinated. By submitting this form, I attest to being fully 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. The membership list, showing member number, name, email and phone number will be published on our website for all members to have access. It is password protected. In the interest of protecting the privacy of our members, we require that the members **DO NOT** print copies of the list nor share the list with any non-members or organizations. **Please indicate your approval to have your name on the list:**

I agree to have my name and phone number on the members list at the club's website:

Click Yes No

I understand power carts for Club Play are arranged through the scheduler.

Click I need a Power Cart Yes No

The success of the club depends entirely upon the active participation of its members. For example, there are several Executive positions in the club, many of which chair active committees. The leadership, organizational skills, and dedication of all these members help to make golfing fun, and to perpetuate the camaraderie we all enjoy. Let us know what you would like to do to help the Club: _____

CONTACT INFORMATION

Address: _____

STREET CITY POSTAL CODE

PERSON TO NOTIFY IN THE EVENT OF A MEDICAL EMERGENCY

Name Relationship Contact Number

For further information about the Club, the website is: scsmgc.com. Please email all inquiries to savagecreekseniormens@gmail.com