



ANNUAL MEMBERSHIP OPTIONS EFFECTIVE JULY 1, 2017

Option	Access	Monthly Payment Option	Annual Payment Option	One Time Initiation Fees
Gold	7 Days a week	Single: \$219 Family: \$325	Single: \$2,628 Family: \$3,900	\$99
Silver	Weekdays (Mon-Thur) anytime & Fridays/weekends/holidays after Super Twilight	Single: \$143 Family: \$186	Single: \$1,716 Family: \$2,232	\$99
Senior	Weekdays (Mon-Thur) anytime & Fridays/weekends/holidays after Super Twilight	Single: \$110 Family: \$159	Single: \$1,320 Family: \$1,908	\$59
Twilight Membership	7 Days a week up to one hour prior to posted twilight times	Single: \$86 Family: \$143	Single: \$1,032 Family: \$1,716	\$59
Junior	(Mon-Thur) anytime & Fridays/weekends/holidays after Super Twilight	Single Only: \$32	Single Only: \$384	\$59

****New Promotional Membership****

Quarterly memberships remain available for \$550, Senior \$400
Access is the same as Silver and Senior Membership Above

Benefits Applicable to All Membership Options Above:

- No Greens Fees: \$15 per person cart rental (\$11 at Twilight)
- Advanced Tee Time Privileges (10 day advanced bookings)
- Member Tournaments
- 20% off non sale merchandise

Terms and Conditions of Membership: Membership benefits and/or rates may not be combined with any other offer, discount, promotion, or special. Not valid with group play, leagues and/or tournaments except as specifically designated by management. Tee times subject to availability. Membership benefits and/or green, cart fees are subject to change without notice. Members must show membership card to receive benefits. Membership card and benefits are not transferable and have no cash value. Members must abide by all golf course rules. Membership is valid for an initial term 12 months from the date of purchase; **if you elect to cancel your membership for any reason during the initial 12 month term, you will be obligated for the remaining annual term, regardless of payment method.** Family membership includes spouse and dependent children under the age of 19 living in the same household. Shoreline Golf Links reserves the right to revoke, revise or modify membership programs at anytime without prior notice. In the event of a revocation of the membership, a pro-rata refund of amounts actually paid will be available upon the request of the member. This is an annual program and members have no guarantee of renewal on the same terms and conditions. **Note: Applicable sales taxes will be added to all fees.**

MEMBERSHIP APPLICATION

Staff Member _____ Member # _____

Type of Membership applied for: (Please circle one)

GOLD MEMBERSHIP

MONTHLY DUES

Single \$219 Family \$325

ANNUAL PRE-PAID

Single \$2,628 Family \$3,900

SILVER MEMBERSHIP

MONTHLY DUES

Single \$143 Family \$186

ANNUAL PRE-PAID

Single \$1,716 Family \$2,232

SENIOR MEMBERSHIP

MONTHLY DUES

Single \$110 Family \$159

ANNUAL PRE-PAID

Single \$1,320 Family \$1,908

TWILIGHT MEMBERSHIP

MONTHLY DUES

Single \$86 Family \$143

ANNUAL PRE-PAID

Single \$1,032 Family \$1,716

JUNIOR MEMBERSHIP

MONTHLY DUES

Single \$32

ANNUAL PRE-PAID

Single \$384

Applicant Billing Information

Name _____

Address _____ State _____ ZIP _____

Email address _____

I hereby authorize Shoreline Golf Links to send messages and updates to the provided email addresses.

Cell Phone _____ Home Phone _____

If family membership... Spouse Name _____

Dependent children under the age of 19: 1. _____

2. _____ 3. _____

Mailing Address (where all billing and member correspondence should be mailed):

_____ City _____ State _____ Zip _____

Name & Phone number to contact in case of emergency _____

Authorization (choose one)

I agree to the Terms and Conditions of Membership and hereby authorize Shoreline Golf Links to charge to the following credit card account for any Dues, Fees and Charges associated with this Membership for a minimum of the initial 12 month term and month to month thereafter. Either party may cancel the membership after the initial term with 30 days written notice. **(Initials required)** _____

Type of card: American Express Visa MasterCard

Name on Card _____

Card Account _____ Expiration Date _____

Authorized Signature _____ VPN# _____ Today's Date _____