



Widder Station GOLF, GRILL & TAP HOUSE

Membership Application 2025

Please return completed application and fill out attached payment form.
Once we receive your application, it will be subject to review before any memberships are granted.

DATE OF APPLICATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
YY			MM			DD	

PERSONAL INFORMATION

Full Name: _____

Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
YY			MM			DD	

Email: _____

Spouse (if joining): _____

Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
YY			MM			DD	

Spouse's Email: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

PLEASE CHECK MEMBERSHIP CATEGORIES REQUESTED

*All golf memberships (excluding Juniors) include a mandatory
Golf Canada Membership at \$42, with all its benefits and privileges.*

FULL MEMBERSHIP (7 DAY A WEEK)

_____ Junior	\$520
_____ Intermediate (19-40) Play Anytime (5 monthly payments of \$290)	\$1,450
_____ Intermediate (19-40) Play Any Day After 2pm (5 monthly payments of \$210)	\$1,050
_____ Adult (40+)	\$2,080
_____ Adult with Cart	\$2,980
_____ Adult Couple	\$3,120
_____ Adult Couple with Cart	\$4,520

WEEKDAY MEMBERSHIP (MON-FRI)

_____ Adult (40+)	\$1,820
_____ Adult with Cart	\$2,520
_____ Adult Couple	\$2,964
_____ Adult Couple with Cart	\$4,064

OTHER OFFERS

_____ Family (2 Adults & 2 Juniors)	\$3,300
_____ Corporate (125 Rounds)	\$5,600

MEMBERSHIP TERM:

MAY 1ST, 2025 TO OCTOBER 31ST, 2025

*PLEASE NOTE, A 3.5% SERVICE CHARGE WILL APPLY TO ALL CREDIT CARD PAYMENTS



Widder Station
GOLF, GRILL & TAP HOUSE

PAYMENT FORM

MEMBERSHIP TOTAL

Subtotal: _____

HST (13%): _____

TOTAL: _____

CANCELLATION RATES

April 15 95%

May 15 75%

June 15 50%

July 15 25%

**Absolutely no refunds after July 15, 2025*

**Cancellation due to verified medical reason only
(Dr.'s note may be required)*

PAYMENT INFORMATION

Billing Address: _____

City: _____

Postal Code: _____

Email: _____

PAYMENT OPTIONS

_____ Cheque _____ Visa

_____ Cash _____ Mastercard

_____ E-transfer _____ Debit

**Send E-transfer to: ap@stubbscom.com
and set password to be Widder*

**Please note, a 3.5% service charge will apply to all credit card payments.*

CARD INFORMATION

Name on Card: _____

Card Number: _____

Expiry: _____

CVV: _____

_____ I authorize Widder Station Golf & Country Club Inc. to charge my credit/debit card for my golf membership.

Signature

FOR OFFICE USE ONLY:

December 1, 2024

February 1, 2025

April 1, 2025

THANK YOU FOR YOUR REGISTRATION