



2026 MEMBERSHIP RENEWAL FORM

Last Name: _____ First Name: _____
Mailing Address: _____ Phone #: _____
City: _____ Province: _____ Postal Code: _____
Email address: _____ **Birth Date:** _____
AGE: _____ *

The above information must be complete and accurate in our system for you to activate your online account.

The information below is to complete your member profile. It is optional, and any information supplied will be kept private and confidential.

- * Intermediate members must be under the age of 40 years of age
- * Students must be under the age of 27 and in full time attendance at an eligible school (proof of attendance required)
- * Junior members must be under the age of 19

Membership Type: (check (X) applicable)

<input type="checkbox"/> Regular Adult	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Regular Adult (Walker)	<input type="checkbox"/> Student
<input type="checkbox"/> City Pass Holder *	<input type="checkbox"/> Junior

*Resides outside of the Okanagan

Total Calculated Dues (from Page 2) \$ _____

Payment can be made by Cash, Cheque,
E-transfer to payments@fairviewmountain.com,
Debit or Credit Card.

Correspondence Information:

Do you have email? Yes No
If yes, can we forward all information via email? Yes No

Emergency Contact Name: _____ Contact # _____

I acknowledge that I have reviewed the policies and constitution of Fairview Mountain Golf Club and I hereby agree to abide by the constitution, policies, and procedures as set out by Fairview Mountain Golf Club.

I authorize Fairview Mountain Golf Club to charge my credit card any balance owing on my club account at each month end.

Member Signature

Date