



# 2010 Membership Insurance Form

1602 Aaron Road, Castlegar, BC V1N 4L6      www.golfcastlegar.com  
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**Coverage must be purchased at the time Membership dues are purchased. Coverage commences the first day the Castlegar Golf Club course is open and terminates at the end of the current season.**

The Club will refund season's fee cost as per the schedule below, in the event of:

1. Injuries, sickness or death of an insured prevents participation in the game of golf for the remainder of the season which the insurance is purchased for. Insured must provide documentation.
2. An insured's transfer by his or her employer necessitates a change of residence outside of a 75 Km. Radius of the Castlegar Golf Club.

SCHEDULE OF COVERAGE	
Before 15 <sup>th</sup> of May	75%
Before 30 <sup>th</sup> of June	50%
Before 31 <sup>st</sup> of August	25%
After 31 <sup>st</sup> of August	0%

### CONDITIONS:

1. Non-participation must be at least 30 consecutive days and occur prior to the end of the "insured" season.
2. The Club must be notified in writing **WITHIN 10 DAYS**.
3. A medical report may be required.
4. In the event of transfer, a letter from the employer will be required.
5. For combined passes, the refund will be for the portion of the dues of the person or persons claiming listed below.

### COST OF COVERAGE:

**\$45.00/applicant**

Applicant's Name(s):

Signature:

1st Person: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Person: \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Person: \_\_\_\_\_

\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_