

## Semiahmoo Resort Wine Club Membership Application

Date:				
Name of Primary Member:				
Name of Additional Member:				
Address:				
City:				
Phone:	Birtł	Birthday:		
Email Address:				
The date blocks I am signing up/renewing for are (circle one) Full Year Term 6 Month Term I, the undersigned, hereby apply for membership with the Semiahmoo Resort Wine Club and agree to pay the designated fees (see below for the fee breakdown). I understand that there are 4 blocks of time period for the club being Feb 1 – Apr 30, May 1 – July 31, Aug 1 – Oct 31, Nov 1 – Jan 31.				
Start Date of Club Membership: End Date of Club Membership:				
Member Signature Date				
EFT OPTION (Electronic Funds Transfer): I,, hereby authorize my financial institution to make my payment to Semiahmoo Resort on my behalf and post it to my account as indicated below. MastercardVisaAmex				
Credit Card #				
I understand that I am in full control of my payment and if at any time I decide to make any changes or discontinue the EFT service, I will notify Semiahmoo Resort Wine Club in writing. I also understand there will be a fee for EFT returns.				
Member Signature		Date		
FOR OFFICE USE ONLY:ManagerAnnual Membership Fee:(US)MemFull Year MembershipcouplFull Year Membershipsingle6 Month Membershipcoupl	ber Number: e \$250.00 e \$175.00	-		
6 Month Membership single				