



# CAYMAN'S ONLY 18-HOLE CHAMPIONSHIP GOLF COURSE

## MEMBERSHIP APPLICATION 1 OCTOBER 2024 – 30 SEPTEMBER 2025

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

MEMBERSHIP OPTIONS (Please check all that apply, all prices in USD):

- |  |  |
|--|--|
| <input type="checkbox"/> Membership: Individual<br>\$4,100 (renewal \$3,800)     | <input type="checkbox"/> Individual: Significant Other<br>\$2,000                    |
| <input type="checkbox"/> Seasonal (Consecutive 6 Months): Individual<br>\$2,250  | <input type="checkbox"/> Seasonal (Consecutive 6 mos.): Significant Other<br>\$1,150 |
| <input type="checkbox"/> Gold Membership: Individual<br>\$8,750                  | <input type="checkbox"/> Gold Membership: Significant Other<br>\$3,750               |
| <input type="checkbox"/> Membership: Junior (children of member) \$450 per child |  |
| <input type="checkbox"/> Junior Member, (parents not members) \$675              |  |

\*Pro-Rated portion of full year dues will commence March 1 for all categories except Corporate.

HANDICAP INFORMATION:

- I require a GHIN account  I am a member of CIGA and do not require a GHIN account  
 I am a member of another club and do not require a GHIN account/Club name \_\_\_\_\_

SIGNIFICANT OTHER INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CHILD INFORMATION:

Name #1: \_\_\_\_\_ Age: \_\_\_\_\_

Name #2: \_\_\_\_\_ Age: \_\_\_\_\_

**AUTHORIZATION:**

I \_\_\_\_\_ apply for membership at the North Sound Golf Club. I agree to adhere to all club rules and policies.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

