

CAYMAN'S ONLY 18-HOLE CHAMPIONSHIP GOLF COURSE

CORPORATE MEMBERSHIP APPLICATION 1 OCTOBER 2023 – 30 SEPTEMBER 2024

Corporate Name:		
Email:		
Phone: (Mobile)	_ Work	
MEMBERSHIP PLAN:		
 ✤ 1 – 4 Designees: US \$12,800 ✤ Additional Designees: US \$3,200 		
LIST OF DESIGNEES:		
Designee #1:	Phone:	_
Email:		-
HANDICAP INFORMATION:		
 I require a GHIN account I am a member of another club and do not re 	□ I am a member of CIGA and do not require a GHIN account/club name	
Designee #2:	Phone:	_
Email:		-
HANDICAP INFORMATION:		
 I require a GHIN account I am a member of another club and do not re 	□ I am a member of CIGA and do not require a GHIN account/club name	
Designee #3:	Phone:	_
Email:		
HANDICAP INFORMATION:		
 I require a GHIN account I am a member of another club and do not re 	□ I am a member of CIGA and do not require a GHIN account/club name	





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Designee #4:	Phone:	
Email:		
HANDICAP INFORMATION:		
 □ I require a GHIN account □ I am a member of another club and do n 	□ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #5:	Phone:	
Email:		
HANDICAP INFORMATION:		
 I require a GHIN account I am a member of another club and do n 	☐ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #6:	Phone:	
Email:		
HANDICAP INFORMATION:		
 □ I require a GHIN account □ I am a member of another club and do n 	□ I am a member of CIGA and do not require a not require a GHIN account/club name	
Designee #7:	Phone:	
Email:		
HANDICAP INFORMATION:		
 □ I require a GHIN account □ I am a member of another club and do n 	□ I am a member of CIGA and do not require a not require a GHIN account/club name	
AUTHORIZATION:		
Iadhere to all club policies and by-laws.	apply for membership at the North Sound Golf Clu	ıb. I agree to
Applicant Signature	Date	

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