



CAYMAN'S ONLY 18-HOLE CHAMPIONSHIP GOLF COURSE

CORPORATE MEMBERSHIP APPLICATION

1 OCTOBER 2021 – 30 SEPTEMBER 2022

Corporate Name: _____

Email: _____

Phone: (Mobile) _____ Work _____

MEMBERSHIP PLAN:

- ❖ 1 – 4 Designees: US \$12,000
- ❖ Additional Designees: US \$3,000

LIST OF DESIGNEEES:

Designee #1: _____ Phone: _____

Email: _____

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 _____

Designee #2: _____ Phone: _____

Email: _____

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 _____

Designee #3: _____ Phone: _____

Email: _____

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 _____





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Designee #4: _____ Phone: _____

Email: _____

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 _____

Designee #5: _____ Phone: _____

Email: _____

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 _____

Designee #6: _____ Phone: _____

Email: _____

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 _____

AUTHORIZATION:

I _____ apply for membership at the North Sound Golf Club. I agree to adhere to all club policies and by-laws.

Applicant Signature

Date

