

Vashon Island Golf & Country Club

24615 75th Ave SW

Vashon, WA 98070

206-463-9410 Ext. 1

email: vgsoffice@gmail.com

questions: vgscmembership@gmail.com

For Office Use Only

Member Name _____

Member Number _____

Check # _____ Amount _____

Credit Card _____ Amount _____

Start date _____ Cert # _____

Application is hereby made for the following,

FITNESS SWIM PASS

in the Vashon Island Golf & Country Club. I offer the following information for the Fitness Swim Pass, subject to the bylaws, procedures, and policies of the Club.

ATTENTION APPLICANTS: Applications need to be returned to the Club office with the appropriate fees and first month's dues. Applicant privacy will be maintained by the Club in all regards and will not be shared.

Please print or type

Applicant _____

Date of Birth ____/____/____ **E-mail ID:** _____@_____._____(required)

Home Address _____

City _____ **State** _____ **Zip** _____

Mailing Address (if different) _____

Home Telephone _____ **Cell #** _____

I am a non-island resident (no Vashon residence)

I am a summer part-time Vashon resident (less than 6 months on Vashon); my Vashon address is not primary. Vashon address _____

When your pass is finalized, cards will be issued to you.

I would like to **pay my monthly bill** with a **credit card** or **debit card** that I place on file?

Credit Card Number _____

Expiration _____ **CVV** _____ **CC Zip code** _____

Please provide us with **emergency contacts:** (Besides appropriate emergency response, who do you want us to contact immediately in the event of an emergency or medical situation at the Club?):

Name _____ Phone 1 _____ Phone 2 _____
Name _____ Phone 1 _____ Phone 2 _____

It is understood by the applicant that this application shall not be binding upon the VASHON ISLAND GOLF AND COUNTRY CLUB, until written notice of acceptance has been received. Responsibility for dues and fees begins on the first day of each month. **This application is for our Fitness Swim Pass.**

This application must include your first month dues and initiation fee, as applicable.

Applicant signature _____ **Date** ___/___/___

Your Sponsor or referring Member: _____

Referrals: Referrals are key to growing our Club's social and member community.
Please help us contact potential members you know:

Candidate1: _____ Address: _____ Phone: _____
E-Mail _____
Candidate2: _____ Address: _____ Phone: _____
E-Mail _____

Office Use only: Date application received: ___/___/___ By: _____

_____/_____/2023
Craig Wilcox, Operations Manager Date

_____/_____/2023
President, Vashon Island Golf & Country Club Date

