

# Vashon Island Golf & Country Club

24615 75<sup>th</sup> Ave SW

Vashon, WA 98070

206-463-9410 Ext. 1

email: [vgsoffice@gmail.com](mailto:vgsoffice@gmail.com)

questions: [vgsmembership@gmail.com](mailto:vgsmembership@gmail.com)

## For Office Use Only

Name \_\_\_\_\_

Number \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card \_\_\_\_\_ Amount \_\_\_\_\_

Start date \_\_\_\_\_ Cert # \_\_\_\_\_

Application is hereby made for the following,

### SUMMER SWIM PASS (Memorial Day weekend to Labor Day) - \$950

in the Vashon Island Golf & Country Club. I offer the following information for the Summer 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 \_\_\_\_\_

**Spouse/Partner Applicant** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail ID:** \_\_\_\_\_@\_\_\_\_\_ (optional)

When your pass is finalized, cards will be issued to you, your spouse/partner, and dependent children (if applicable). Please write names (first and last) as you wish them to appear on their cards.

**Dependent Children** (ages 26 and under) Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Name \_\_\_\_\_ Birth date \_\_\_\_\_

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 Summer Swim Pass. No refunds or discounts will be given for partial months.**

**This application must include your payment.**

**Applicant signature** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_\_\_

**Spouse/Partner signature** \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/2025 \_\_\_\_\_/\_\_\_\_/2025  
Craig Wilcox, Operations Manager Date President, Vashon Island Golf & Country Club Date

