



FALL GOLF MEMBERSHIP THRU MARCH 31, 2016

APPLICANT INFORMATION ☐ **SINGLE** ☐ **FAMILY OF 2**

Name:

Spouse or Child: *(for two person membership)*

Address:

City:

State:

ZIP Code:

Home Phone:

Cellular Phone:

Email address:

MEMBERSHIP CONTRACT INFORMATION

a) **\$299.00/\$500.00 Initial Membership Dues** must be paid in full with application.

b) **\$25.00 for each round of play** *(per member)* will be due and **payable at time of play.**
\$25.00 includes 18 holes or 9 holes, **with or without cart.**

c) Membership is valid only thru March 31, 2016 and will end promptly on that date.

d) Fall Membership is valid for **SINGLE/2-FAMILY Membership Only.**

e) All charges made to membership will be billed monthly and payable within 30 days of billing cycle.

SIGNATURE

Signature of applicant:

Date:

Referred by (if any):

PAYMENT INFORMATION:

Payment for Membership Dues: _____ Cash _____ Check (attached)

Credit Card: Name on Card: _____

Credit Card # _____

Exp. Date: ____/____ Sec. Code: _____

Signature: _____