



membership start date _____

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Date of birth:	
Address:	City:	State:	Zip:
Billing address (if different from mailing address):			
Phone:		Cell Phone:	
Email:			
Employer:			

SPOUSE INFORMATION

Name:		Date of birth:	
Email:	Phone:	Cell:	
Employer:			

CHILDREN LIVING AT HOME

Name/DOB	Name/DOB
Name/DOB	Name/DOB

MEMBERSHIP CATEGORIES

<input type="checkbox"/> Proprietary Golf Membership-Family (\$565/\$5,000)	<input type="checkbox"/> Junior (15-18) (\$211/\$150)
<input type="checkbox"/> Proprietary Golf Membership -Single (\$423/\$5,000)	<input type="checkbox"/> Social (\$149/\$300)
<input type="checkbox"/> Corporate Sponsored Golf Membership (\$565/\$5,000)	<input type="checkbox"/> Social Plus (\$189/\$300)
<input type="checkbox"/> Young Professional (21-30) (\$328/\$750)	<input type="checkbox"/> Trial 1 year (\$565/\$2,500)
<input type="checkbox"/> Young Professional (31-40) (\$450/\$1,500)	

REFERENCES

Name & Member #	Phone Number	Signature