

Membership Information

Form must be filled out completely to process membership and payment correctly.

Membership is for the entire calendar year (JAN 1st through DEC 31st).

Type of membership: Single Family House

Name _____ Spouse _____

Name of playing junior(s) and DOB _____

Home Address _____ City State _ Zip _____

Home Phone () _____ Alt Phone () _____

Business Address _____ City _____ State ___ Zip _____

Occupation _____ E-Mail _____

Golf Experience (Yrs) _____ USGA Handicap (If none estimate) _____

If recommended by current member please give name _____

Applicants Signature(s) _____

Payment Information

Amount Enclosed _____

Full Payment 2 Payment Plan* 3 Payment Plan*

Choose Payment Type. Cash Check Credit Card

Check # _____

Check amount _____

Credit Card # _____

Card Issuer VISA, MASTERCARD or Other _____

Name as it appears on credit card _____

Expiration Date (mmyy) _____

Amount to charge _____

* Members choosing the 2 and 3 payment method will be subject to a monthly finance charge of 1.5%. Dues must be paid in full no later than April 1st or golfing privileges will be suspended.