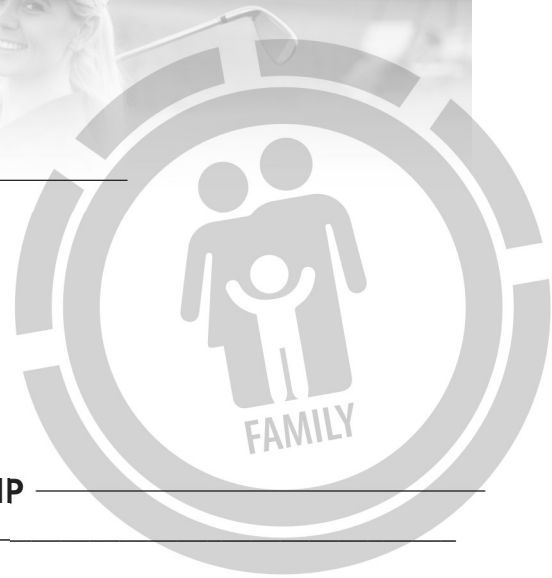




**FAMILY GOLF MEMBERSHIP \$340/month plus tax**

- Greens Fees
- Locker room
- Gym
- Includes Member and Significant other, children 25 and younger all access to gym and locker room 24/7
- 20% member discount for food, beverage, simulators & merchandise
- Pool
- Tennis



**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Address (Residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are you a current or former member of any other Country Club or Golf Club?  YES  NO

Do you presently play golf?  YES  NO Does your spouse?  YES  NO

Club Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Membership: \_\_\_\_\_

Please Charge the following credit card:

MasterCard  Visa Expiration Date: (Month): \_\_\_\_\_ (Year): \_\_\_\_\_

Credit Card No.     -     -     -

If there is a problem processing this payment, we would like to be able to reach you by phone: \_\_\_\_\_

Card-holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

