



2024 MEMBER APPLICATION

INDIVIDUAL COUPLE FAMILY CORPORATE

PRIMARY MEMBERSHIP

Primary Member's Name _____

Home Address _____

City _____ Zip _____ Phone _____

E-mail Address _____ Birthday (MONTH/DAY/YEAR) _____

ADDITIONAL FAMILY/CORPORATE MEMBER(S)

Additional Family members MUST reside in the same household and be an immediate relation to the Primary Member. Junior Membership does not include riding cart unless accompanied by an Adult Member.

1. _____ (Jr.?) Birthday _____
E-mail Address _____ Phone _____

2. _____ (Jr.?) Birthday _____
E-mail Address _____ Phone _____

3. _____ (Jr.?) Birthday _____
E-mail Address _____ Phone _____

4. _____ (Jr.?) Birthday _____
E-mail Address _____ Phone _____

5. _____ (Jr.?) Birthday _____
E-mail Address _____ Phone _____

For office use:

Date Paid: _____

Membership Amount: _____

Amt. Paid: _____

5 % Sales Tax: _____

Pymt. Info: _____

Total Due: _____