

2027 Golf Membership Application

Applicant Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Membership Type 7 Day with Cart (Check One)

☐ Single – \$1,500

☐ Couple – \$1,800

☐ Family – \$2,000

Family Members (if applicable)

Spouse Name: _____

Children (Name & Age):

Family membership includes children who are still in high school and must have a valid driver's license to operate a golf cart. College students may be added for an additional **\$75 per student.**

Payment Information:

☐ Paid in Full

☐ Payment Plan Requested

Note: All memberships must be paid in full by May 1, 2027.

Member Agreement:

I understand and agree to follow all golf course rules, cart rules, and course policies. I acknowledge that my membership is non-transferable and that failure to follow course rules may result in suspension or termination of membership privileges.

Applicant Signature:

Date: _____

Office Use Only:

Date Received: _____

Amount Paid: _____

Balance Due: _____

Membership Approved By: _____