

GOLF APPLICANT INFORMATION								
Applicant Name:				Sex: Female or Male				
Address:								
City: State:			Zip Code:					
DOB (xx/xx/xxxx):				Employer:				
Email:				Contact Phone #:				
SPOUSE AND FAMILY INFORMATION								
				im Membership for Spouses and Dependent children)				
Name	DOB	Sex		Name		DOB	Sex	
1.			4.					
2.			5.					
3.			6.					
GOLF MEMBERSHIPS (APPLICABLE CATEGORY DETERMINED BY AGE AS OF 1/1/24)								
Golf Membership Categories					Dues		Select (X)	
Golf Individual 40 and Older: Single member age 40 or older as of 1/1/24					\$2000			
Golf Individual 25 to 39: Single member age 25 to 39 as of 1/1/24					\$1640			
Golf Individual 18-24:					\$820			
Golf Junior 17 & Under:					\$370			
Club Social: Allows access to use Members Tavern					\$200			
FALL SPECIAL: NOT AVAILABLE UNTIL FALL 2024					N/A			
OTHER AVAILABLE OPTIONS								
				Select (X)	Option		Fee	
					Locker		\$40	
					Club and Ba	g Storage	\$125	
					Club, Bag and Cart Storage		\$150	
					Couples Bag Only		\$225	
					Couples Bag/Cart		\$275	
SIGNATURE								
In consideration of such membership, I promise that, if accepted, I will conform to the By-Laws, Rules and Regulations of the Club, and be subject to all provisions, conditions and limitations. I also agree to receive Club emails at the above listed email address.								
Signature of Applicant:			Date:					
Total Amount Due				\$				