



Membership Application

Name: _____ Phone: _____

Mailing Address: _____

City: _____ St. _____ Zip: _____

E-Mail: _____

Please check your requested membership: (See rate sheet for details)

Equity Single: _____ Equity Family: _____ Assoc. Single: _____ Assoc. Family: _____

Jr. Member: _____ Tennis Only Single: _____ Tennis Only Family: _____

If applying for a family membership, please provide the names & birth dates of your children

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Payment Type: Cash/Ck _____ Credit Card: _____ **Pay Monthly:** Y N **Invoice:** E-Mail _____ Home _____

Card Type: Visa MC AMEX Discover **Expires:** _____ **CVS:** _____

*A credit or debit card is required for membership – It will be automatically billed for the amount due should any invoice payment become 60 days delinquent

Card #: _____ **Auto Pay:** Yes No

Signature: _____ **Date:** _____

For Office Use Only

Office Notes: _____

Amount of Purchase: \$ _____ Date of Approval: _____ Cert #: _____

Associate Member date of birth: _____ Membership purchased from Golf Club: _____

Other: _____