



# 2017 MEMBERSHIP APPLICATION

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

Street: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Individual Memberships	Amount Included
_____ Young Junior	\$ _____
_____ Junior	\$ _____
_____ Single Adult	\$ _____
_____ Senior	\$ _____
_____ Senior Weekdays	\$ _____
_____ Cart Punch Pass	\$ _____
_____ Range Membership	\$ _____
<b>Married Couples</b>	
_____ Regular Married	\$ _____
_____ Senior Married	\$ _____
_____ Senior Married Weekdays	\$ _____
_____ Cart Punch Pass	\$ _____
_____ <b>Family Membership</b>	\$ _____
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>

## I am interested in the following leagues:

Jr. Golf Leagues (Mon. AM) _____	Tuesday PM Mens _____
	NEW: Thursday AM Mens League _____
Monday PM Ladies _____	Thursday PM Mens _____
Wed. AM Ladies _____	Sunday PM Couples Scramble & Potluck _____
Wed. PM Ladies _____	Friday PM 2-man scramble _____