



# Associate Membership Application

<b>Last Name:</b>		<b>First Name:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>		<b>Cell Number:</b>	
<b>Annual Fee: \$500</b>	<b>Payment Type:</b>	<b>Date:</b>	

## Membership Benefits:

Unlimited Greens Fees / \$4.00 Range Balls / Access to Course Sponsored Events

## Membership Restrictions / Requirements:

Member Initials	←	Member acknowledges that a cart rental of \$18.00 is <b>required</b> for every round played.
Member Initials	←	Member acknowledges that Mon—Fri: No play is permitted before 10:00am.
Member Initials	←	Member acknowledges that Sat-Sun: No play is permitted before 11:00am.
Member Initials	←	Member acknowledges that the cart plan is not available with this membership type.

Office Use Only:

Processed By:	Date:
Remarks:	