

TWIN BRIDGES
GOLF CLUB



2019

Annual Pass Contract

Check one

Weekday Individual Membership - \$600

(Monthly Payment Plan Option - \$50.00 per month for 12 months; Paid in Full \$550)

Weekday Individual Membership w/Cart – \$1,500

(Monthly Payment Plan Option - \$125.00 per month for 12 months; Paid in Full \$1,450)

7 Day Individual Membership - \$900

(Monthly Payment Plan Option - \$75.00 per month for 12 months; Paid in Full \$820)

7 Day Individual Membership w/Cart - \$1,800

(Monthly Payment Plan Option - \$150.00 per month for 12 months; Paid in Full \$1,720)

Weekday Family Membership* - \$800

(Monthly Payment Plan Option -\$67 per month for 12 months; Paid in Full \$720)

Weekday Family Membership w/Cart* - \$2,200

(Monthly Payment Plan Option - \$184.00 per month for 12 months; Paid in Full \$2,120)

7 Day Family Membership* - \$1,200

(Monthly Payment Plan Option - \$100.00 per month for 12 months; Paid in Full \$1,080)

7 Day Family Membership w/cart* - \$2,500

(Monthly Payment Plan Option: \$209.00 per month for 12 months; Paid in Full \$2,380)

7 Day Corporate Membership - \$2,500

Must be paid in full. Maximum of 4 individuals that are employed with the company. Must be a for-profit Business.

Junior Membership - \$200

Must be paid in full. Membership is good from Jan 1 – Dec 31 of each year. Eligible Junior's must be 17 years of age or younger when the membership starts. Includes one bucket of range balls per day.

Distance Membership - \$600

Primary residence must be outside of a 30 mile radius of the facility. This membership must be verified by the General Manager before acceptance.

***Family Memberships include children thru the age of 21 as long as they are a full time student.**

****Must have a valid driver's license to operate a Cart.**

Member or Business: (please print)

Mailing Address, email & phone # is required

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home PH: _____ Cell: _____ Date of Birth _____

(Providing DOB will put you in our Birthday Club)

Additional Members: (please print) only required with Family or Corporate Membership

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Payment Information: (Please Print)

Monthly Payment Plan () Paid in Full () Membership _____

Credit or Debit Card Type _____ Card Number _____

Expiration date _____ Card Security Code# _____ Credit Card Zip Code _____

Amount Paid _____ Monthly Payment Amount _____

My signature bellow indicates that I agree to follow Course rules and the terms and conditions below. Monthly payment plans will be charged to a credit or debit card on the 6th or 7th of each month. This is a 12 month contract that if terminated or payment delayed before it expires, will be subject to any balance owed to be paid in full and/or late fees applied. Twin Bridges reserves the right to host special events and golf tournaments which may restrict availability of the facility.

Member Initial _____

Signature _____

Date _____

Staff Signature _____

Date _____

OFFICE USE ONLY: Start Date: _____ Expiration Date _____

POS PLAYER PROFILE UPDATED _____ ETS PAYMENT PLAN UPDATED _____

MEMBERSHIP ROSTER UPDATED _____ COPY OF PROFILE AT COUNTER _____