



W H I T E H O R S E
G O L F C L U B

2018 ANNUAL MEMBERSHIP OPTIONS

Option	Access	Monthly Golf Dues	Annual Cost	Annual Prepaid (5% discount)
Annual 5-Day Single	5-Days a week (Mon-Fri)	Single: \$145	Single: \$1,740	Single: \$1,653
Annual 5-Day Family	5-Days a week (Mon-Fri)	Family: \$200	Family: \$2,400	Family: \$2,280
Annual Senior Single (60+)	5-Days a week (Mon-Fri)	Senior Single: \$108	Senior Single: \$1,296	Senior Single: \$1,231
Annual Senior Family (60+)	5-Days a week (Mon-Fri)	Senior Family: \$165	Senior Family: \$1,980	Senior Family: \$1,881
Annual 7-Day Single	7-days a week	Single: \$200	Single: \$2,400	Single: \$2,280
Annual 7-Day Family	7-days a week	Family: \$273	Family: \$3,276	Family: \$3,112
Junior (17 and under)	7-days a week after 12pm	Single: \$36	Single: \$432	Single: \$410
* Monthly Golf Dues do not include Restaurant Minimum. (See Below)				
** 9% sales tax will be applied to all golf dues				

Benefits Applicable to All Membership Options Above:

- **No Green Fees:** Green fees are covered with monthly golf dues.
- **Advanced Tee Time Privileges:** Make tee times 30 days in advance.
- **Charging Privilege:** May be used for all purchases: cart fees, merchandise, food & beverage, and more.
- **Restaurant Minimum:** All members (except Junior) are required to purchase a minimum of \$50 in food or beverage each month at the Cedar Ridge Grill.
- **Discounts:** Members receive 10% discount for food & beverage purchases, 15% discount for clothing/accessories, and 10% discount on equipment purchases.
- **Optional Golf Cart Usage Fee** - \$70 per month or \$840 for the entire year (single). Family rate is \$100 per month or \$1200 for the entire year (see cart plan agreement).
- **Optional-Unlimited Range Use** - \$50.00 per month individual or \$65.00 per month family use (see range plan agreement).
- **Complimentary USGA Handicap:** Men's/Women's Club Fees are an additional \$15 per person.
- **Guest Pass:** Members will receive quarterly guest passes (1 guest per quarter).
- **Member Referral:** For each new member you refer receive one complimentary month of membership (limit of 3 referrals per membership. Complimentary month will be applied to the next calendar month after referral).

MEMBERSHIP APPLICATION

Type of Annual Golf Membership applied for: (Please check one)

ANNUAL SINGLE 5-DAY

MONTHLY DUES

Single \$145.00

ANNUAL SINGLE PREPAID 5-DAY

Single \$1,653.00

ANNUAL FAMILY 5-DAY

MONTHLY DUES

Family \$200.00

ANNUAL FAMILY PREPAID 5-DAY

Family \$2,280.00

ANNUAL SENIOR 5-DAY

MONTHLY DUES

Senior \$108.00

ANNUAL SENIOR PREPAID 5-DAY

Senior \$1,231.00

ANNUAL SENIOR FAMILY 5-DAY

MONTHLY DUES

Senior Family \$165.00

ANNUAL SENIOR FAMILY 5-DAY

Senior Family \$1,881.00

ANNUAL SINGLE 7-DAY

MONTHLY DUES

Single \$200.00

ANNUAL SINGLE PREPAID 7-DAY

Single \$2,280.00

ANNUAL FAMILY 7-DAY

MONTHLY DUES

Family \$273.00

ANNUAL FAMILY PREPAID 7-DAY

Family \$3,112.00

ANNUAL JUNIOR

MONTHLY DUES

Single \$36.00

ANNUAL JUNIOR PREPAID 7-DAY

Single \$410.00

Type of Annual Cart Fee applied for: (12 Month Commitment)

(Please check if applicable)

ANNUAL CART FEE

MONTHLY

Individual \$70.00

Family \$100.00

ANNUAL CART FEE PRE-PAID

PREPAY

Individual \$840.00

Family \$1200.00

Signature _____ Date _____

Type of Range Plan applied for: (Pay Month to Month)

(Please check if applicable)

MONTHLY RANGE PLANS

Single 50.00

Family \$65.00

Signature _____ Start Date _____

Membership Referral (Must be referred by a current member of White Horse)

(Please fill in the information of which current member you were referred by)

Print Name _____ Signature _____

Phone Number _____ Date _____

Approved By (Employee Signature) _____ Date _____



22795 Three Lions Place NE Kingston, WA 98346 Golf Shop 360-297-4468

2018 Men's/Women's Club Application Form

Return your application with payment to the Golf Shop or mail with check to the above address. Make Checks payable to: White Horse Golf Club

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

**Club Memberships: \$60.00 per calendar year
(\$15 per calendar year with purchase of annual membership)**

Your Club Membership Includes:

- GHIN Handicap access
- Subscription to PNWGA Magazine
- Special email offers
- Membership in E-Clubhouse

*Sign-Up for all events will be through the Golf Shop

*Club winnings will be paid as Golf Shop credits

Applicant's signature: _____ Golf Shop Staff Initials: _____

**Do you have a USGA GHIN Handicap? If yes, please indicate your

GHIN#: _____ Club Name: _____

Method of Payment: Cash ___ Check ___ Credit Card ___ Date entered: ___

MEMBERSHIP APPLICATION

Terms and Conditions of Membership: Membership benefits and/or rates may not be combined with any other offer, discount, promotion, or special. Not valid with group play, leagues, and/or tournaments. Tee times subject to availability. Membership benefits and/or green fees, cart fees or range fees are subject to change without notice. Members will be subject to 9% sales tax on all purchases. Members must show membership card to receive benefits. Membership card and benefits are not transferable and have no cash value. Members must abide by all golf course rules. Membership is valid for an initial term 12 months from the date of purchase; **if you elect to cancel your membership for any reason during the initial 12 month term, you will be obligated for the remaining annual term, regardless of payment method.** White Horse Golf Club reserves the right to revoke, revise, or modify membership programs at any time without prior notice. In the event of a revocation of the membership, a pro-rated refund of amounts actually paid will be available upon the request of the member. This is an annual program and members have no guarantee of renewal on the same terms and conditions.

Applicant Billing Information

Name _____ Birth Date _____

I hereby authorize White Horse Golf Club to send messages and updates to the provided email addresses.

Phone _____ Email address _____

Mailing Address (where all billing and member correspondence should be mailed):

_____ City _____ State _____ Zip _____

Emergency Contact (Name & Phone) _____

If Family membership... Spouse Name _____

Dependent children under the age of 19 _____

Name & Phone number to contact in case of emergency NOT LIVING IN YOUR HOUSEHOLD:

Authorization (choose one)

ANNUAL MONTHLY: I agree to the Terms and Conditions of Membership and hereby authorize White Horse Golf Club to charge to the following credit card account for any Dues, Fees, and Charges associated with this Membership for a minimum of the initial 12 month term. **(Initials required)** _____

ANNUAL PREPAY: I agree to the Terms and Conditions of Membership and hereby authorize White Horse Golf Club to charge to the following credit card account for the Annual Prepaid Fee (see above). **(Initials required)** _____

Type of card: VISA Master Card American Express

Name on Card _____

Card Account # _____ Expiration Date _____

Authorized Signature _____ CVC# _____ Today's Date _____