



Associate Membership Application

Last Name:		First Name:	
Street Address:			
City:		State:	Zip Code:
Email:		Cell Number:	
Annual Fee: \$450	Payment Type:	Date:	

Membership Benefits:

Unlimited Greens Fees / \$3.00 Range Balls / Access to Course Sponsored Events

Membership Restrictions / Requirements:

Member Initials	←	Member acknowledges that a cart rental of \$17.00 is required 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:	