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Golf Membership Application Form

Date: Membership Type:	Membership#:
Date Joined: Me	embership Expiration Date:
Name (Please Print):	
Primary Residence:	
City: State:	Zip:
Telephone: ()	Fax: ()
Mobile: ()	Business Phone: ()
Date of Birth:	_ Email:
USGA Handicap:	USGA GHIN#:
Credit Card#:	Exp Date:
Marital Status: Single Married	
Spouse and Family Information	
Spouse's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
I certify that I have read and understand all golf course policies and rules stated in this member agreement.	
Member Signature:	Date: