



### APPLICANT INFORMATION

Applicant Name:		Sex: Female or Male	
Mailing Address:			
City:	State:	Zip Code:	
DOB (xx/xx/xxxx):		Employer:	
Email:		Contact Phone #:	

### SPOUSE AND FAMILY INFORMATION

(All Golf Memberships also include Swim Membership for Spouses and Dependent children)

Name	DOB	Sex	Name	DOB	Sex
1.			4.		
2.			5.		
3.			6.		

### GOLF MEMBERSHIPS (APPLICABLE CATEGORY DETERMINED BY AGE AS OF 1/1/25)

Membership Categories	Dues	Select (X)
<b>CLUB SOCIAL:</b> Allows access to Member's Tavern	\$200	
<b>FALL SPECIAL:</b> Eligible to play on 9/2/25 *\$300 will be credited towards 2026 new member rates	\$600	

### OTHER AVAILABLE OPTIONS

	Select (X)	Option	Fee
		Locker	\$40
		Club and Bag Storage	\$125
		Club, Bag and Cart Storage	\$150
		Couples Bag Only	\$225
		Couples Bag/Cart	\$275

### SIGNATURE

In consideration of such membership, I promise that, if accepted, I will conform to the By-Laws, Rules and Regulations of the Club, and be subject to all provisions, conditions and limitations. I also agree to receive Club emails at the above listed email address.

Signature of Applicant:	Date:
Total Amount Due \$	