

Membership Application

Name: _____

Date of Birth: __/__/__

Occupation: _____

Address: _____

Home Phone: _____

Work Phone: _____

Family Information: (Family membership only)

Spouse's Name: _____

Date of Birth: __/__/__

Spouse's Occupation: _____

**Names & Birth Date of Children of dependent children, 21 years and under
or Full-Time College Student living at home.**

Name: _____

Date of Birth: __/__/__

Name: _____

Date of Birth: __/__/__

Name: _____

Date of Birth: __/__/__

Membership Type:

Single Family Senior Sr. Family

There will be a monthly billing. Dues will be payable in advance by the 10th of each month. Closing statements will be on the 25th. All Delinquencies will be subject to suspension or revocation. All Membership applications are subject to approval. Members and their Guest are to abide by the current rules and Regulations.

***Carts will be mandatory Saturdays, Sundays, and Holidays until 1:00.**

***Starting times for Members available 14days in advance.**

***Revocation of membership by Management for just cause with no refund or without cause with refund of initiation fee on a 5-year proration schedule.**

Applicant Signature: _____