



## MEMBERSHIP APPLICATION 2020

Name: \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

- \$500.00 membership rate: Regular \_\_\_\_\_ Senior \_\_\_\_\_ (55yrs)
- \$400.00 Junior \_\_\_\_\_
- \$1,950 All-Inclusive Individual Membership \_\_\_\_\_
- \$2,500 All-Inclusive Family Membership \_\_\_\_\_
- \$35 Handicap Fee \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_