



2019 Membership Application Form

Member Info

First Name _____

Last Name _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

Spouse (if applicable)

First Name _____

Last Name _____

Home Phone _____ Cell Phone _____

Email _____

Address _____

Child(ren) (if applicable)

Name & Age _____

Name & Age _____

Name & Age _____

Name & Age _____

Membership Type (Circle ONE)

- Single - \$875
- Senior Single (62+) - \$750
- Senior Couple - \$1,000
- Couple - \$1,200
- Family - \$1,750
- Junior (18 & Under) - \$400
- Young Adult (19-25) - \$600
- Corporate - \$3,000



2019 Membership Application Form

Corporate Memberships ONLY

Company Name _____
 Main Contact _____
 Main Email _____
 Billing Address _____

Authorized Players (8 max)

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

(All persons using a Corporate Membership card will be required to present the Corporate Membership CARD & Valid Photo Identification)

I have read and fully understand the membership agreement.

 Member Name (Printed) Spouse's Name (Printed)

 Signature & Date Signature & Date

CORPORATE MEMBERSHIPS ONLY:

 Corporate Officer (Printed) Corporate Officer Signature & Date

FOR OFFICE USE ONLY:

PAID IN FULL ___ DATE ___/___/___ CASH ___ CREDIT ___ CHECK ___ (CHECK# _____)

RECEIVED BY: _____