

HIGHLAND GREENS GOLF COURSE



2017 MEMBERSHIP APPLICATION

Please print clearly and fill out completely. Thank You!

Name(s): _____

Address: _____

Email: _____

Phone: _____

Membership Category (check applicable boxes)

- | | | | |
|----------------------------------|-------|--|---------------------|
| <input type="checkbox"/> Single | \$600 | <input type="checkbox"/> Junior (under 18) | \$150 |
| <input type="checkbox"/> Couple | \$950 | <input type="checkbox"/> Cart for season | \$525 + tax (\$567) |
| <input type="checkbox"/> College | \$300 | | |

50% Discount for members over 80 years of age

Previous Member _____

New Member _____

For Office Use Only

Amount Paid \$ _____ Cash Check Credit GC Check #: _____

Amount Paid \$ _____ Cash Check Credit GC

Date: _____ Initials: _____