



2018-2019 Membership Application

The Champions Club

Name: _____

Address: _____

_____ **State:** _____ **Zip:** _____

Telephone: _____

Email: _____

Circle Membership type below:

- Single Golf Membership \$1,500 + 6% Tax = \$1,590
- Couples Membership \$2,800 + 6% Tax = \$2,968
- Single Trail Fee \$1,500 + 6% Tax = \$1,590
- Couples Trail Fee \$2,800 + 6% Tax = \$2,968

Total \$ _____

Payment Type: MasterCard Visa Amex Discover CASH

Card #: _____ **Exp.** _____

Sign X: _____ **Date:** _____

Employee Name: _____