



# 2017 CALEDONIA GOLF CLUB MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Company Name / Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

## MEMBERSHIP OPTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Membership \$450 (\$400)  | <input type="checkbox"/> Individual Membership + Cart \$800 (\$700)  |
| <input type="checkbox"/> Couples Membership \$800 (\$700)     | <input type="checkbox"/> Couples Membership + Cart \$1350 (\$1200)   |
| <input type="checkbox"/> Family Membership \$1000 (\$900)     | <input type="checkbox"/> Family Membership + Cart \$1400 (\$1200)    |
| <input type="checkbox"/> Corporate Membership \$1200 (\$1000) | <input type="checkbox"/> Corporate Membership + Cart \$2800 (\$2500) |

**\*\*Corporate Membership Must pay a Cart Fee \$12.00\*\***

Prices in ( ) if paid before Feb. 28th

## MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

## MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

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Email:

Address:

Phone:

City:

State:

ZIP Code:

## CHILDREN MEMBERSHIP PRIVILEGES DESIRED

Name:

Name:

Name:

## SIGNATURES

Signature of applicant:

Date:

Signature of applicant:

Date:

Signature of applicant:

Date:

Signature of applicant:

Date: