



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:

ZIP Code:

MEMBER INFORMATION

Name:

Email:

Address:

Phone:

City:

State:

ZIP Code:

MEMBER INFORMATION

Name:

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: