

Pine Ridge Golf Club Membership Application

Applicant _____
(First) (Last)

Type of Membership: 7-Day Single 7-Day Family 5-Day Single 5-Day Family 7-Day Jr Exec Single
7-Day Jr Exec Family 5-Day Jr Exec Single 5-Day Jr Exec Family Family Plus One Family Plus Two

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____ Drivers Lic #: _____

Spouse/Significant Other: _____ Cell Phone: _____

For family memberships: Children under the age of 22 living at home or attending school.

1. _____ DOB: _____ 2. _____ DOB: _____

Family Plus One:

Family Plus Two:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Administrative Fee: \$ 250.00

Monthly Dues: \$ _____

Private Cart Storage \$ _____ \$37.00 per month

Private Cart (trail fee) \$ _____ \$17.00 per month

Cart Lease Program:

Individual \$ _____ \$65.00 per month

Family/multiple rider \$ _____ \$70.00 per month

(2 carts) \$ _____ \$95.00 per month

Club Storage: Individual \$ _____ \$10.00 per month

Family \$ _____ \$20.00 per month

Range Balls: Individual \$ _____ \$20.00 per month

Family \$ _____ \$25.00 per month

Assigned Locker \$ _____ \$ 2.00 per month

Method of Payment: _____

Card # _____ Exp: _____ CCV: _____

Applicant Signature _____

_____ Date