

MEMBERSHIP APPLICATION

Name: _____ Spouse/Other: _____ Corporation: _____
Last First (Corp. Memberships Only)

How did you find out about Laurel Ridge/Referral? _____

Winter Address: _____

Summer Address: _____

Primary Cell: _____ Spouse Cell: _____ Other Phone: _____

Primary E-Mail: _____ Spouse E-Mail: _____

Email for Statements: _____

Children in same household (Names & Ages): _____

MEMBERSHIP LEVELS*

- FULL GOLF (Age 50+)**
 Initiation Fee: _____ \$7,500 Dues: \$5,800 Annually _____ or \$1,500 Quarterly _____
- ASSOCIATE GOLF (Age 40-49)** *Please provide Driver's License*
 Initiation Fee: _____ \$5,000 Dues: \$3,700 Annually _____ or \$950 Quarterly _____
- YOUNG PROFESSIONAL GOLF (Age 21-39)** *Please provide Driver's License*
 Initiation Fee: _____ \$2,500 Dues: \$2,300 Annually _____ or \$600 Quarterly _____
- SPORTS (Pool/ Tennis/Fitness/Dining/Social Activities)**
 Initiation Fee: _____ \$3,000 Dues: \$2,300 Annually _____ or \$600 Quarterly _____
- SOCIAL (Dining/Social Activities/Fitness)**
 Initiation Fee: _____ \$1,500 Dues: \$1,500 Annually _____ or \$400 Quarterly _____

* \$800 Annual Food & Beverage Minimum applies to all memberships; all dues and fees are subject to change without notice. Memberships include husband, spouse/significant other, children & college students in same household up to age 21

I acknowledge by my signature below that I, members of my household and guests, will abide by the General Operations & Club Policies set forth by LRCC. I further understand that club policies require a 60-day written notice to the office for resignation of membership and that said policies may be amended periodically.

Signature: _____

Spouse: _____

Received By: _____

Date Received _____

Membership Start Date: _____

Driver's License Copy (AG/YP only): _____

Notes: _____

<i>Initiation Fee Paid with Application:</i>	
<i>Dues:</i>	
<i>Driving Range INDIVIDUAL \$250/year:</i>	
<i>Driving Range FAMILY \$375/year:</i>	
<i>Handicap Fee \$45/golfer: _____</i>	
<i>Total Received with Application:</i>	

Office Use Only

NEW MEMBER SURVEY

Please complete the information below so we may better serve you. All personal information is strictly confidential.

Name(s): _____

COMPLETE THE FOLLOWING ONLY IF YOU HAVE MORE THAN ONE ADDRESS:

Club Mailings, indicate winter "W" or summer "S" address for each month:

Jan____ Feb____ Mar____ Apr____ May____ June____
July____ Aug____ Sep____ Oct____ Nov____ Dec____

May LRCC publish your personal information in the secure online Membership Directory?

Yes _____ No _____

	Husband	Spouse	Both	Want to Learn
Do you currently play golf?	_____	_____	_____	_____
Do you currently play tennis?	_____	_____	_____	_____
Do you swim?	_____	_____	_____	

Are you interested in the following?	Contact me	Want more information	Not interested
LRCC Men's Golf Association	_____	_____	_____
LRCC Ladies' Golf Association	_____	_____	_____

Children's Interests: Golf _____ Tennis _____ Swimming _____ Youth Camp: _____

Other: _____

Birthday: _____ Spouse/Other Birthday: _____ Anniversary: _____

Children's Names & Birthdays M/D/Y): _____

Hobbies / Interests: _____

General Comments: _____
