

LAKE WINDS MEMBERSHIP APPLICATION

NAME: _____ SPOUSE: _____

DOB-MONTH _____ DAY _____ DOB-MONTH _____ DAY _____

FAMILY MEMBERS AND BIRTH DATES _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____ - _____ - _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

MEMBERSHIP RATES: (NO JOIN FEE FIRST TIME)

__ FAMILY MEMBERSHIP \$100.00 MONTHLY \$1000.00 YEARLY

__ INDIVIDUAL MEMBER \$ 80.00 MONTHLY \$ 800.00 YEARLY

__ SENIOR MEMBER \$ 50.00 MONTHLY \$ 500.00 YEARLY

60 PLUS

(MON-FRIDAY)

__ RE-JOIN FEE \$1000.00

I HEREBY RENEW OR APPLY FOR MEMBERSHIP TO LAKE WINDS GOLF CLUB AND AGREE TO OBSERVE ALL RULES, REGULATIONS AND BY-LAWS OF THE CLUB. I AGREE TO KEEP MY DUES CURRENT AND PAY ANY CLUBHOUSE CHARGES WITHIN 30 DAYS TO AVOID LOSING PLAYING PRIVILEGES.

SIGNATURE: _____ DATE: _____

DATE PAID _____ AMOUNT PAID _____ CHECK # _____ ASSIGNED MEMBERSHIP # _____
APPROVED FAMILY MEMBERS TO CHARGE TO ACCOUNT _____

NOTES _____