

2024 CLUB MEMBERSHIP

MEMBER NAME _____

EFFECTIVE DATE _____

MEMBERSHIP SELECTION

☐ NEW MEMBER

☐ 2023 MEMBER

SILVER FOX MEMBERSHIP \$ _____

ADDITIONAL SPOUSE MEMBERSHIP \$ _____

REDFOX MEMBERSHIP \$ _____

ADDITIONAL SPOUSE MEMBERSHIP \$ _____

PRACTICE AREA MEMBERSHIP \$ _____

DRIVING RANGE MEMBERSHIP \$ _____

JUNIOR MEMBERSHIP \$ _____

YOUNG PROFESSIONAL MEMBERSHIP \$ _____

CART CARD \$ _____

BAG STORAGE \$ _____

VT SALES TAX 6% \$ _____

TOTAL \$ _____

PAYMENT METHOD

☐ VISA

☐ MC

☐ AMEX

NAME ON CARD _____

CASH AMOUNT \$ _____

CREDIT CARD # _____

CHECK AMOUNT \$ _____

EXP. DATE _____

CCV _____

CHECK # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____



2024 CLUB MEMBERSHIP

PRIMARY MEMBER

FULL NAME _____ USGA GHIN # _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ CELL PHONE _____
EMAIL _____ DATE OF BIRTH _____

SPOUSE INFORMATION

FULL NAME _____ USGA GHIN # _____
PHONE # _____ CELL PHONE _____
EMAIL _____ DATE OF BIRTH _____

DEPENDENT CHILDREN

FULL NAME _____ DATE OF BIRTH _____
JUNIOR MEMBERSHIP YOUNG PROFESSIONAL MEMBERSHIP

FULL NAME _____ DATE OF BIRTH _____
JUNIOR MEMBERSHIP YOUNG PROFESSIONAL MEMBERSHIP

