



Membership Application

Membership Type: Check Column & Circle Type

- Family / Single Membership: Initiation Fee \$2500 WAIVED THRU JUNE 2024
- Family / Single (35 yr & under) Membership: Initiation Fee \$2500 WAIVED THRU JUNE 2024
- Business Membership -- Initiation Fee \$2500. WAIVED THRU JUNE 2024
- College Membership --
- Junior Membership --
- Social Membership --
- Cart Storage : Electric # of carts _____ / Gas # of carts _____
- Have Cart at home (Drive Cart to course for use) # of carts _____
- Range Pass: Family or Single

Member Information:

Member Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Family/ Corporate/ Executive Family Membership:

Spouse Name: _____ Email: _____

Child: _____ Age: _____ DOB: _____

Child: _____ Age: _____ DOB: _____

Child: _____ Age: _____ DOB: _____

Child: _____ Age: _____ DOB: _____

Agreement: ALL MEMBERSHIPS ARE ANNUAL (REGARDLESS IF PAID MONTHLY)

By submitting this application, I have read and understand the Lakeview Golf & Country Club membership policy / rules and regulations packet. I understand that if I don't comply with the membership policy / rules and regulations that it may result in immediate dismissal.

Name (printed): _____

Signature: _____ Date: _____

Payment Options:

Checks payable to Lakeview Golf & Country Club

Cash delivered to pro shop

ACH** 1 % Fee

Credit Card* 3 % Fee

***Credit Card Information:**

Type: _____ Card #: _____ EXP: _____ CVC: _____

I agree to charge my credit card the amount of \$_____ for my membership dues and for account balances. On an Annual / Monthly Schedule

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name (printed): _____

Signature: _____ Date: _____