

Lakeview Golf & Country Club

Membership Application

Membership Type:

- ☐ Family Membership: \$2,100 per year or \$175 per month
- ☐ Single Membership: \$1,800 per year or \$150 per month
- ☐ Business Membership: \$5,500 per year
- ☐ Executive Family Membership: \$1,800 per year or \$150 per month
- ☐ Executive Single Membership: \$1,500 per year or \$125 per month
- ☐ College Membership: \$350 per year
- ☐ Junior Membership: \$150 per year
- ☐ Basic Social Membership: \$120 for the calendar year
- ☐ Executive Social Membership: \$250 for the calendar year

Member Information:

Member Name: _____ DOB: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

please fill out the information below if you have chosen any of the following memberships: Family, Business, or Executive Family.

Spouse Name: _____ DOB: _____
Child: _____ DOB: _____
Child: _____ DOB: _____
Child: _____ DOB: _____
Child: _____ DOB: _____

Agreement:

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:

1. Checks payable to Lakeview Golf & Country Club
1. Cash delivered to the pro shop
2. Credit card

Credit Card Information:

Card Type: _____ Card Number: _____

EXP: _____ CVC: _____

I agree to charge my credit card the amount of \$_____ for my membership dues and for account balances.

Name (printed): _____

Signature: _____ Date: _____