## FRIENDS OF WESTPORT APPLICATION

Please complete the application and forward it along with a check and/or credit card information. Monthly and Quarterly dues will be charged to your credit card on file.

| First Name:   | Last Name:                              |  |
|---|---|--|
| Address:  |   |  |
| City:   | State:                                  | Zip:   |
| Telephone:  | Cell:                                   |  |
| Email:  |   |  |
|   | TYPES OF MEMBERSHIP AND                 | <u>D FEES</u>  |
| □Annual \$500   | □Quarterly (\$125/quarter)              | □Monthly (\$42/month)  |
|   | Make Checks Payable to: Westport        | Golf Club  |
| Credit Card Type  | Credit Card #                           | Expiration Date  |
| Credit Card Charge A  | uthorized Signature                     |  |
| FRIENDS OF WE   | STPORT GOLF CLUB – 2019 ME              | EMBERSHIP GUIDELINES   |
| <ul> <li>Rounds may be used b</li> <li>Maximum of 4 rounds</li> <li>Member must make te</li> <li>Members must adhere of membership without</li> </ul> | ay host special events and functions pe | o that Club is able to track rounds. o policies may result in revocation |
| OF  | FICE USE ONLY Attach copy of check      | to application   |
| Application taken by: _   |   |  |
| Check No. If Applicable   | e: Amount:                              |  |
| Charged in Fore on  | for the amount of                       | by   |