MEMBERSHIP APPLICATION

Please complete the application and forward it along with a check and/or credit card information. If the Monthly or Quarterly billing option is chosen, first and last payment must be paid in advance. Monthly and Quarterly dues will be charged to your credit card.

First Name: _	Last N	ame:	
Address:			
City:		State:	Zip:
Telephone:		Cell:	
Email:			
	INITIATION FEE: \$100.00	☐ Paid and date	
	TYPES OF MEMBI	ERSHIPS AND ANNUAL FEES	
	bership – Family \$1,420 Spouse and/or Children below)	□ Golf Membership – Single	\$1,060
	& Over) – Family \$1,300	□ Senior (60 & Over) or Junio (DOB)	or (18 & below) – Single \$880
	There will be a \$10.00 fee per	ually Quarterly Mo transaction charged for Quarter ble to: Westport Golf Club	
Credit Card	Credit Card #		Expiration Date
Credit Card Chars	ge Authorized Signature		
	- -	– 2019 Membership Guidelines	
Family Member 23 years of age All Membershi Resignation recommendation Proof of Age manual Members must	Child:	and eligible children residing at the time students are eligible. no refunds are available. The plans here to policies may result in revocations.	te same mailing address. Childre
Mail Cor	Child: npleted Application with payment to: Westpo Visit us on the v OFFICE USE ONLY	rt Golf Course • 7494 Golf Course Dr. web: www.westportgc.com Please attach copy of check	
Application taken by: _			
Date Application & Pag	yment Received: I	paid by check: Check No	Amount:
Charged in Fore on	for the amount of by		Member File made: □