LITCHFIELD GOLF CLUB

2017 MEMBERSHIP APPLICATION

LAST NAME *FIRST NAME*

Please fill out all information below

SECTION 1 – MEMBERSHIP TYPES

	PRICE	+	TAX	=	TOTAL		
FAMILY & COUPLES MEMBERSHIP	$780.00	+	$53.63	=	$833.63	_____	*Includes children through age 21
						_____	*Married/Sharing same residence
SINGLE MEMBERSHIP	$665.00	+	$45.72	=	$710.72	_____	*Age 30+
AGES 23 – 29	$545.00	+	$37.47	=	$582.47	_____	*Includes Family, Couple or Single
AGES 18 – 22	$265.00	+	$18.22	=	$283.22	_____	*Includes Family, Couple or Single
HIGH SCHOOL STUDENT	$125.00	+	$8.59	=	$133.59	_____	*2017 School Year
MIDDLE SCHOOL STUDENT	$75.00	+	$5.16	=	$80.16	_____	*2017 School Year
SOCIAL MEMBERSHIP	$100.00	+	$6.88	=	$106.88	_____	

SECTION 1 TOTAL _____

SECTION 2 – CART OPTIONS

	PRICE	+	TAX	=	TOTAL	
PRIVATE CART USAGE FEE	$220.00	+	$15.13	=	$235.13	_____
CART STORAGE – GAS	$160.00	+	$0.00	=	$160.00	_____
CART STORAGE – ELECTRIC	$190.00	+	$0.00	=	$190.00	_____
SEASONAL CART RENTAL	$400.00	+	$27.50	=	$427.50	_____

SECTION 2 TOTAL _____

SECTION 3 – ADDITIONAL OPTIONS

	PRICE	+	TAX	=	TOTAL		
USGA/ MGA HANDICAP FEE (Per Person)	$30.00	+	$0.00	=	$30.00	_____	*NO FREE HANDICAPS
USGA/ MGA STUDENT HANDICAP FEE	$10.00	+	$0.00	=	$10.00	_____	*18 & UNDER
LOWER LOCKER RENTAL	$35.00	+	$0.00	=	$35.00	_____	
UPPER LOCKER RENTAL	$25.00	+	$0.00	=	$25.00	_____	

SECTION 3 TOTAL _____

PLEASE MAKE SURE ALL ITEMS ARE APPROPRIATELY MARKED. PLEASE FILL OUT THE REST OF THE MEMBERSHIP FORM ON THE BACK SIDE.

MEMBER INFORMATION

LAST NAME: ________________________________ FIRST NAME: ____________________

SPOUSE: ______________________________ *(FAMILY & COUPLES ONLY)*

CHILDREN: ____
(NAMES AND AGES)

MAILING ADDRESS: ____________________________________

____

PHONE: (_____) ___________________

EMAIL ADDRESSES: ____

____

_ _

PAYMENT OPTIONS

MEMBERSHIP (Section 1) = $__________

CARTS (Section 2) = $__________

ADDITIONAL (Section 3) = $__________

1) PAY IN FULL – CASH, CREDIT, CHECK
2) 3 MONTH PAYMENT PLAN

*** Must sign up for payment plan by June 30th.**

*** All payment plans incur a $5 service fee per month and must give credit card information for automatic payments.**

TOTAL AMOUNT DUE

$

CREDIT CARD INFORMATION

CARD # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXP. DATE __ __ / __ __ SEC. CODE __ __ __

(CIRCLE BELOW)
VISA – MASTERCARD

PAYMENT PLAN OPTION

Monthly payments will be run the 15th of each month.

3 MO PLAN – TOTAL $ ________ + $15 = $ ________ DIVIDED BY 3 = $ ________ PER MONTH

HANDICAP #1 ______________________________

HANDICAP #2 ______________________________

IF YOU CURRENTLY RENT A CART STALL, WHAT IS YOUR STALL NUMBER?

STALL # ____________ GAS or ELECTRIC

IF YOU RENT A LOCKER, WHAT IS YOUR LOCKER # ?

LOCKER # ____________ UPPER or LOWER

Member:

Please make sure all information has been filled out correctly and that all of the appropriate amounts, including tax, have been accounted for. Please make copies for your own records if you choose.

By paying my membership dues listed, I understand that these funds cannot be refunded for any reason whatsoever.

Member Signature: _____

Date: _____

Please send all Membership Documents to:

Litchfield Golf Club
126 N Marshall Ave
Litchfield, MN 55355

~ EARLY PAY IN FULL INCENTIVE ~

$40 OFF SINGLE, FAMILY & COUPLES RATES

AND

2 FREE GUEST PASSES WITH CART INCLUDED

IF PAID **IN FULL** BEFORE MARCH 30, 2017

OR

2 FREE GUEST PASSES IF PAID **IN FULL** BEFORE APRIL 30, 2017

Early pay incentives, cart ID stickers and bag tags can be picked up in the Pro Shop when the golf season begins.