

**2019 Membership Application**

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

List Players (age): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Membership Type \_\_\_\_\_ \$ \_\_\_\_\_ (pre-tax)

Optional Services

\_\_\_\_\_ Cart Lease (single seat) \$750 \$ \_\_\_\_\_

\_\_\_\_\_ Cart Lease (double seat) \$950 \$ \_\_\_\_\_

\_\_\_\_\_ Club Storage \$125 \$ \_\_\_\_\_

\_\_\_\_\_ Push Cart Storage \$200 \$ \_\_\_\_\_

\_\_\_\_\_ Electric Push Cart Storage \$225 \$ \_\_\_\_\_

\_\_\_\_\_ Season Push Cart \$125 \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Add 7.125% Tax \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

-----  
\_\_\_\_\_ I would like the monthly Payment Plan Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Monthly Payment will be \$ \_\_\_\_\_ (includes 5% processing fee) Initials \_\_\_\_\_  
-----

Credit Card Required for Charging Privileges and Payment Plan Options

CC Number: \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ Sec Code \_\_\_\_\_

I authorize Dakota Pines Golf Club to Process my payments and charges as described

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date