



Gillette Golf Club

Membership Application



Application Information

Primary Member Name:		Date:
Phone:	Cell:	DOB:
Mailing Address:		
City:	State:	Zip Code:
<u>E-mail:</u>		

Couple/Family Information (If Applicable)

*Family includes spouse and children under 18 and living at home

Spouse Name:	DOB:
Child Name (1):	DOB:
Child Name (2):	DOB:
Child Name (3):	DOB:
Child Name (4):	DOB:

Annual Membership Type (Please Circle)

*Single - \$550 *Couples- \$775 *Family- \$850 Junior - \$100 College - "full time" \$225
 *\$50 discount for Joint Membership with Bell Nob

Annual Cart Services (Please Circle)

Single Cart Pass - \$525 Couples Cart Pass- \$775 Family Cart Pass- \$775

*Couples cart pass includes 2 seats – Family Cart Pass includes up to 2 seats

Private Cart Trail Fee - \$450

On Site Private Cart Storage - \$75

Handicap - \$45 GHIN# _____	TOTAL: _____
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Method of Payment:	Date Payment Received:
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Payment Amount:	Received by:
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By filling out an application for membership at the Gillette Golf Club, you agree to the posted terms and conditions of membership.

Signature of Applicant: