

Gillette Golf Club



Membership Application 2025

	Application	Information
Primary Member Name:		Date:
Phone:	Cell:	DOB:
Mailing Address:		
City: State:		Zip Code:
<u>E-mail:</u>		
*Family includes		mation (If Applicable) nder 18 and living in the same household
Spouse Name:		DOB:
Child Name (1):		DOB:
Child Name (2):		DOB:
Child Name (3):		DOB:
Child Name (4):		DOB:
Annual Membership Type (Please Circle)		
 *\$50 discount for Joint Membership with Bell Nob Annual Cart Services (Please Circle) Single Cart Pass - \$600 Couples Cart Pass - \$850 Family Cart Pass - \$850 *Couples and family cart pass includes 2 seats \$525- Trail Fee Allows lessee and family members living within the household to operate this private cart within club property. Allows lessee and family members to have a guest in the cart. Guest riders are not required to pay a daily cart fee or possess a yearly cart pass. If a member wants to loan this cart to another member or player, that member/player operating the cart must either pay a daily cart fee or possess a yearly cart pass. 		
Private Cart Trail Fee - \$525 On Site Private Cart Storage - \$125		
Handicap - \$55 GHIN#		TOTAL:
Method of Payment:		Date Payment Received:
Payment Amount:		Received by:
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:		