



Radisson Greens Golf Club Application for 2009 Annual Membership

(April 1 through October 31, 2009)

Pay at the Course or
Mail payment to:
Radisson Greens Golf Club
c/o International Golf Group
167 Old Post Road
Southport, CT 06890

Name of Primary Member _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work _____ Email _____

Spouse (Joint and Family members only)

Dependant (Family members only)

Dependant (Family members only)

Dependant (Family members only)

Choose a Membership

	September Special	October and November Special	December 2008 – Season Start
	<u>Pay in Full</u> prior to September 30	<u>Pay in Full or make Split Payments</u> 50% before November 30, 2008 and 50% due on February 28, 2009	<u>Pay in full</u> No partial payments
Single	\$1,450	\$1,600 or \$800 / \$800	\$1,700
Joint	\$2,100	\$2,200 or \$1,100 / \$1,100	\$2,300
Senior	\$1,300	\$1,400 or \$700 / \$700	\$1,500
Senior Joint	\$1,900	\$2,000 or \$1,000 / \$1,000	\$2,100
Family	\$2,300	\$2,400 or \$1,200 / \$1,200	\$2,500
Junior	\$500	N/A	\$700

<u>Cart Plan</u>	Single -	\$600
Due April 1, 2009	Joint -	\$900

Membership Notes:

Senior Membership available to 65+.

Joint Membership to married couples only.

Joint Senior – Primary member must be 65+ and married.

Family includes spouse and three children.

Junior - 18 years old and younger, after 2 pm weekends, weekdays any time.

Memberships are sold on a first come, first served basis. Memberships deposits are non-refundable, all other membership payments are non-refundable after April 15, 2009; cancellations prior to April 15, 2009 will be prorated based on a golf season of April 1 through October 31, 2009. Membership does not imply equity or ownership in Radisson Greens Golf Club, "membership" as used herein is an annual right-to-play license, which is renewable solely at the discretion of Radisson Greens Golf Club, L.P. Radisson Greens Golf Club, L.P. reserves the right to limit the number of memberships. By signing this application, the primary member agrees to abide by the rules and regulations of Radisson Greens Golf Club.

Date _____

Primary Member Signature _____

OFFICE USE ONLY:

Received By: _____ Date _____

Check # _____ Cash _____

Payment Amount Received _____