

# Membership Form

Category	Full	_____	Rcvd. before 1/15/19	_____
Single	\$2100	_____	\$1900	_____
Family	\$2800	_____	\$2500	_____
Corporate	\$3300	_____		
Senior	\$1800	_____	\$1600	_____
Senior Joint	\$2400	_____	\$2200	_____
Monday-Thursday	\$1200	_____	\$1100	_____
Monday-Thursday Joint	\$1700	_____	\$1500	_____
Young Adult	\$800	_____	\$700	_____
Junior Executive	\$1700	_____	\$1500	_____
Junior Executive Family	\$2200	_____	\$2000	_____
Junior	\$400	_____	\$400	_____
Single Cart Plan	\$500	_____	\$475	_____
Joint Cart Plan	\$800	_____	\$775	_____
Individual Range	\$125	_____	\$100	_____

***By submitting this application and payment, I understand and agree to all terms, rules and regulations set forth by Radisson Greens Golf Club and Radisson Greens LLC.***

PRIMARY MEMBER PRINTED NAME      DATE SUBMITTED      PRIMARY MEMBER SIGNATURE

\_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SPOUSE \_\_\_\_\_

\_\_\_\_\_ CHILD \_\_\_\_\_

\_\_\_\_\_ CHILD \_\_\_\_\_

PAYMENT BY:      STAFF INITIAL \_\_\_\_\_

*(please attach receipt/s to this form. thank you)*

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_