

Membership Form

Category	Full	_____	Rcvd. by 1/31/20	_____
Single	\$2125	_____	\$1925	_____
Family	\$2825	_____	\$2525	_____
Corporate	\$3325	_____		
Senior	\$1825	_____	\$1625	_____
Senior Joint	\$2425	_____	\$2225	_____
Monday-Thursday	\$1225	_____	\$1125	_____
Monday-Thursday Joint	\$1725	_____	\$1525	_____
Young Adult	\$825	_____	\$725	_____
Junior Executive	\$1725	_____	\$1525	_____
Junior Executive Family	\$2225	_____	\$2025	_____
Junior	\$400	_____	\$400	_____
Single Cart Plan*	\$525	_____	\$500	_____
Joint Cart Plan*	\$825	_____	\$800	_____
Individual Range	\$125	_____	\$125	_____

*CART PLAN USAGE FROM OPENING DAY – OCT. 31

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 # _____