

Membership Application

Category	Full	_____	Rcvd. by 1/31/21	_____
Single	\$2175	_____	\$1975	_____
Family	\$2850	_____	\$2550	_____
Corporate	\$3325	_____		_____
Senior	\$1875	_____	\$1675	_____
Senior Joint	\$2450	_____	\$2250	_____
Monday-Thursday	\$1275	_____	\$1175	_____
Monday-Thursday Joint	\$1750	_____	\$1550	_____
Young Adult	\$850	_____	\$750	_____
Junior Executive	\$1750	_____	\$1550	_____
Junior Executive Family	\$2250	_____	\$2050	_____
Junior	\$400	_____	\$400	_____
Single Cart Plan*	\$600	_____	\$575	_____
Joint Cart Plan*	\$875	_____	\$850	_____
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 _____ CELL # _____

ADDRESS _____ SPOUSE _____

_____ CHILD _____

_____ CHILD _____

CHECK # _____