

Leavenworth Golf Club

Membership Application 2018

The following information is supplied by the applicant(s) for a Membership at the Leavenworth Golf Club. The program year begins on April 1st (weather dependent) and expires on November 1st. (Please type or print requested information in full)

Name

Address

Phone

E-Mail

Single: \$779 (plus tax) _____

Family: \$1179 (plus tax) _____

(per couple and children under the age of 18 years)

Junior: \$125 (plus tax) _____

(used when parent is not a golfer under 18 years)

I/we will agree to and abide by the Rules and Regulations of the Leavenworth Golf Club.

Applicant Signature and date:

For office use only

Approved by: _____

Amt. Pd _____ Date Received: _____

Payment Method: CK___ MC___ VS___ AM___