

2020 MEMBERSHIP APPLICATION

Please complete, sign and return this form to Sycamore Springs Golf Course, Inc.

Name(s): _____

All new members (or current members with changes) please provide address/email information as follows:

Address: _____

Email: (print clearly) _____

Type of Membership: (If senior or junior, please list age(s))

Annual () Fees _____

COST OF ANNUAL MEMBERSHIP \$ _____ (1)

STOCK DISCOUNT (Only to be completed by Shareholders)

Total number of shares owned _____

Discount Percentage (see stock discount table) _____ % (2)

DISCOUNT = (Line 1 times Line 2) (\$ _____) (3)

NET MEMBERSHIP COST (Line 1 minus Line 3) \$ _____

LOCKER(S)

In addition, I would like to reserve _____ locker(s)
at \$25.00 each (annual/lifetime members) or \$35.00 each (non members) \$ _____

RANGE MEMBERSHIP: MEMBER (\$250.00) \$ _____
NON-MEMBER (\$300.00) \$ _____

HANDICAP FEE: \$15 \$ _____
\$ _____

CART MEMEBERSHIP \$700
GRAND TOTAL DUE \$ _____

We would appreciate your early payments, thank you in advance.

SIGNATURE _____ DATE _____

Method of payment: Cash () Check () # _____ Visa () M/C () Discover ()