



Brushy Mountain Golf Club

Brushy Mountain Golf Club  
2017 Membership Application

Member Number \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_

Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (ZIP)

E-Mail: \_\_\_\_\_

Residence Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Member Type: \_\_\_\_\_ Monthly Dues \_\_\_\_\_

Preferred Payment Terms (please circle) Month. Quarter. Annual

Optional Member Charging (circle) Yes or No If yes, please complete ACH Authorization Form

Are family members approved for Member Charging (circle) Yes or No?

Family	Single	Sr or Jr Family	Sr or Jr Single	Non- Res Family/ Single	Corporate up to 4 Employees	Winter & Mountain	Legacy	Social & Golf (M-Th)	Social
\$150	\$125	\$115	\$105	\$115/\$85	\$340	\$340	\$85	\$85	\$10

Permission to post your contact information (cell/phone & email) in Member's Only Section of website: Yes or No

I do hereby affirm that all information supplied on this application is true and accurate.

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_