



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?

	Corporate Up to 4 Employees	Winter & Mountain	Legacy Regular	Junior Under 30	Social
Family	\$340	\$340	\$85	\$65	\$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 _____