

SPRING HILL GOLF CLUB

APPLICATION FOR MEMBERSHIP

Please Circle the Appropriate Membership

⇒ **Golf Membership**: Single | Family

⇒ **25+ Mile Golf Membership**: Single | Family

⇒ Legacy Membership: Family ONLY

⇒ Young Adult (29 & Under) Membership: Single ONLY

⇒ **Social Membership**: Single | Family

All Membership
Categories
Require a
Minimum ONE
Year Commitment

Applicant must provide documentation (Driver's License) to prove permanent residence

APPLICANT:		BIRTHDATE:			
Address:	Сіту:	STATE: ZIP:			
EMAIL:					
Employer:					
CELL #:	Home #:				
Spouse:		BIRTHDATE:			
Address:	Сіту:	STATE: ZIP:			
EMAIL:					
Employer:					
CELL #:	Номе #:				
	I.R.S Dependent Children: Please Include FIRST and LAST Name(s)				
NAME:	Gender:	BIRTHDATE:			
Name:	Gender:	BIRTHDATE:			
Name:	Gender:	BIRTHDATE:			

AUTHORIZATION FOR DIRECT PAYMENT OF DUES AND FEES

— MUST ATTACH A VOIDED CHECK —

I hereby authorize Spring Hill Management, LLC (DBA: Spring Hill Golf Club / Albany Golf & Event Center) to withdraw my club dues & fees directly from my checking / savings account each month on the date circled below:

	5th	10th	15th	
I acknowledge this aut	horization shall sta	y in effect until m	y membership is cancelled.	
Bank Name:	ROUTING #:		Account#:	
I agree to abide by the to time by Spring Hill			recognize they may be change gement.	d from tim
•	_		and are delinquent on the unt and subject to a \$25 Lat	
	ce amounts age to 3		not allow accounts to remain on the may be placed for collection	-
Unpaid dues / balance	es are grounds for d	lismissal from the	club.	
	•	•	rship is required and all c cancellation of members	_
Signature:				
PRINTED NAME:				
Date:				



