

# Membership Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Spouse's Name: (Only for Family Membership) \_\_\_\_\_

Children's Names: (Only for Family Membership)

(1) \_\_\_\_\_ Age: \_\_\_\_\_

(2) \_\_\_\_\_ Age: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Membership Valid Date: \_\_\_\_\_ Through Date \_\_\_\_\_

Payment Option: \_\_\_\_\_ Payment in Full \_\_\_\_\_ Monthly Billing

Monthly Payment: \$ \_\_\_\_\_ Start Monthly Billing Date \_\_\_\_\_

Credit Card Information: Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

I agree to abide and accept the Rules and Regulations of Mill Quarter Golf Course.  
If paying monthly I agree to pay for twelve months from starting date.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Manager/Witness: \_\_\_\_\_ Date \_\_\_\_\_