

Crestview Golf Club Membership Application

Select Your Membership Type

Please check the box for your membership level and fill in the price below.

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| <input type="checkbox"/> Anniversary Couple Membership
With Cart: \$1,965 | <input type="checkbox"/> Full Family Membership: \$2,000 |
| <input type="checkbox"/> Anniversary Individual Membership:
\$600 | <input type="checkbox"/> Full Family Membership With Cart:
\$3,200 |
| <input type="checkbox"/> Anniversary Individual Membership
(Monthly): \$60 | <input type="checkbox"/> Full Individual Membership: \$900 |
| <input type="checkbox"/> Anniversary Individual Membership
With Cart: \$1,200 | <input type="checkbox"/> Full Individual Membership With
Cart: \$1,500 |
| <input type="checkbox"/> Anniversary Individual Membership
With Cart (Monthly): \$120 | <input type="checkbox"/> Senior Couple Membership (M-F):
\$1,100 |
| <input type="checkbox"/> Driving Range Membership: \$350 | <input type="checkbox"/> Senior Couple Membership With
Cart (M-F): \$1,900 |
| <input type="checkbox"/> Full Couple Membership: \$1,400 | <input type="checkbox"/> Senior Membership (M-F): \$700 |
| <input type="checkbox"/> Full Couple Membership With Cart:
\$2,300 | <input type="checkbox"/> Senior Membership (M-F) With Cart:
\$1,200 |

Total Membership Price Due: \$_____

Applicant Information

Please complete all fields below to process your application.

Applicant 1 (Primary Member) Details:

Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Applicant 2 (Spouse/Partner) Details:

- Full Name: _____
- Email Address: _____
- Phone Number: _____

Dependent Information (Children's Details)

Please list the name and age of any dependent children to be covered under a family membership. (Must have a valid driver license to drive a cart.)

1. Child's Name: _____ Age: _____
2. Child's Name: _____ Age: _____
3. Child's Name: _____ Age: _____

Agreement and Submission

I, the undersigned, agree to abide by all rules and regulations of Crestview Golf Club, including the policy against outside food and beverage.

Applicant Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____

Submission Instructions

Please return this completed form along with payment by **check** or **money order** (payable to *Crestview Golf Club*) to Crestview Golf Club, 900 D Avenue W, Kalamazoo, MI 49009.