



# Crestview Golf Club

## Individual Membership Application

### Select Your Membership Type

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

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

**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.