



MEMBERSHIP APPLICATION

- Membership Type:** Resident Full Golf
 Non-Resident Full Golf

Membership Information:

Name: _____

Date of Birth: _____ Drivers License #: _____ State _____

Home Address: _____

City / State: _____ Zip Code: _____

Telephone: _____ Mobile: _____

Name of Employer: _____

Occupation: _____

Title: _____ Years in present employment: _____

Business Address: _____

City / State: _____ Zip Code: _____

Business Telephone: _____ Fax#: _____

Email Address: _____

Club Billings and Other Club Correspondence Should be Mailed to:

Spouse Information:

Name: _____

Date of Birth: _____ Drivers License #: _____ State _____

Home Address: _____

City / State: _____ Zip Code: _____

Telephone: _____ Mobile: _____

Name of Employer: _____
 Occupation: _____
 Title: _____ Years in present employment: _____
 Business Address: _____
 City / State: _____ Zip Code: _____
 Business Telephone: _____ Fax#: _____
 Email Address: _____

Dependent Information:

Unmarried children who are under the age of twenty-eight:

Name (First & Last)	Date of Birth	Male	Female
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Upon signing this membership application, the undersigned understands and agrees to abide by the Rules and Regulations of the club, and that acceptance for membership in Legends is subject to approval and continued payment of the required membership initiation fee, dues, fees and charges are all taxable. Membership dues are non-refundable and non-transferable. Dues include unlimited golf green fees per person per month.

Date: _____ Signed: _____
 Member

Date: _____ Signed: _____
 Member Spouse