

Name:	DOB:		
Address:			
	State: Zip:		
Email:	Phone:		
Spouse:			
]	Membership Type(s) please choose one.		
Single \$625 / \$52.08 mo F	If, discounted cart fees, & discounted guest fees. Samily \$975 / \$81.25 mo *Active Duty Military Single \$525 /\$43.75 mo 5 / \$64.58 mo *Junior \$275 / \$22.91 mo *Student \$475 / \$39.58 mo		
Single \$775 / 64.58 mo Fa	Inlimited range, discounted cart fees, & discounted guest fees. mily \$1175 / 97.92 mo *Active Duty Military Single \$675 / \$56.25 mo 5 / \$81.25 mo *Junior \$425 / \$35.41 mo *Student \$625 / \$52.08 mo		
Single \$1300 / \$108.33 mo	f, unlimited cart, discounted guest fees. Family \$1900 / \$158.33 mo *Active Duty Military Single \$1200 / \$100 mo 00 / \$141.66 mo *Junior \$950 / \$79.16 mo *Student \$1150 / \$95.83 mo		
Single \$1450 / \$120.83 mo	f, unlimited cart, unlimited range, & discounted guest fees. Family \$2100 / \$175 mo *Active Duty Military Single \$1350 / \$112.50 mo 00 / \$158.33 mo *Junior \$1100 / \$91.66 mo *Student \$1300 / \$108.33 mo		
If a FAMILY membership	is chosen, please add children's names and Date of birth's below if applicable		
	Other Membership Options		
() Cart Storage & Trail	Fee \$560/year () Electric Cart Fee \$20/year () Bag Storage \$50/ year		
() GHIN HCP \$30 p	er year (adults) () GHIN HCP \$15 per year (juniors) <u>GHIN fees must be paid up front with application.</u>		
	e for paying dues through the end of the calendar year. up front or monthly via ACH/EFT withdraw or Credit Card.		
Applicant Signature: _			

PAYMENT OPTIONS

The payment information will be stored in a secure area at Stagg Hill Golf Club.

ACH / EFT (Bank Draft) Withdraw Authorization

I hereby authorize Stagg Hill Golf Club to deduct my membership dues and other fees that are due from my account on the 20^{th} of each month.

Bank Name:			
City:	State:	Zip Code:	
Type of Account: () Cl	hecking () Savings		
Name on Account:			
Bank Routing Number:			
Account Number:			
Print Name:			
Date:			
Credit Card Autho	orization		
•	g Hill Golf Club to charge lue from my account on tl	e my credit card for my membershi he 20 th of each month.	ip du
Credit Card Type: Visa	() Mastercard ()	Amex () Discover ()	
Card Number:			
Expiration:	CVV:		
Name on Card:			
Print Name:			
Date:			

This authorization is to remain in full effect until 12/31/2021.