

2026 Membership Application

NAME:			ADDRESS:				
CITY:		STATE:	ZIP:	PHONE: _()			
EMAIL:				DOB:			
			_ DOB: PHONE: _()				
				111011	L· _(/		
EMAIL:							
Membership Ty	nes include	unlimited of	the category c	hosen along u	ith 10% Pro S	hon Discount	
Membership Ty	_			_		nop Discount	
	discoun	ted guest fees	s, and member	rs only event ii	nvitations.		
Bogey: Golf Only	y / Par: Golf ar	nd Driving Rang	e / Birdie: Golf &	Seat in Cart / Ea	gle: Golf, Range	, & seat in Cart	
	SINGLE	FAMILY	AD Military	AD Military	Student	Junior	
			Single	Family	Single Only	Single Only	
Bogey Yearly	\$875	\$1280	\$685	\$1060	\$650	\$375	
Bogey Monthly	\$72.92	\$106.67	\$57.08	\$88.33	\$54.17	\$31.25	
Par Yearly	\$1115	\$1645	\$945	\$1450	\$905	\$615	
Par Monthly	\$92.92	\$137.08	\$78.75	\$120.83	\$75.42	\$51.25	
Birdie Yearly	\$1590	\$2270	\$1435	\$2095	\$1390	\$1090	
Birdie Monthly	\$132.50	\$189.17	\$119.58	\$174.58	\$115.83	\$90.83	
Eagle Yearly	\$1830	\$2635	\$1690	\$2465	\$1645	\$1330	
Eagle Monthly	\$152.50	\$219.58	\$140.83	\$205.42	\$137.08	\$110.83	
Me	ember Applic	ants are liable	for dues paym	ents through ti	ne calendar yea	ar.	
			_				
Membership Type) :		Pa	yment Type (ci	rcle one): Year	ly or Monthly	
Children's names	and ages if a	applicable:					
Cart Storage \$370 Annual Trail		Annual Trail Fe	e \$250	Electric Fee \$30			
Adult GHIN \$50 (quantity) JR GHIN			25 (quantity) Payment required at sign u		at sign up		
Annligant Sign	aturo.				Dotos		
Applicant Signature:				บลเษ			

If you plan to pay on a monthly basis, please see the next page to choose your payment type.

Please note, if you are a new member, please request a copy of the bylaws and club policies when you pay your initiation fee.

PAYMENT OPTIONS

The payment information will be stored securely with PGH Accounting.

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 20th of each month. *A \$30 fee will be charged, if payment is returned*.

Bank Name:							
City:	State:	Zip Co	ode:				
Type of Account:	_ Checking Saving	gs					
Name on Account:							
Bank Routing Number	:	· · · · · · · · · · · · · · · · · · ·					
Account Number:							
Print Name:							
Signature:	Date:						
This authorization is t	o remain in full effect un	til 12/31/2026	as you are liable fo	<mark>or payments</mark>			
	r membership through the						
	Orization: I hereby autho						
	ues and other fees that are du nce fee of 3% will be added t						
	a Mastercard						
Card Number:				_			
	_/ CVV:						
Name on Card:				_			

This authorization is to remain in full effect until 12/31/2026 as you are liable for payments for membership through the end of the calendar year.