

## **Business Membership Application**

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:		
Phone Number:		
Email:		
Option 1: \$1000: 50 Golf Passes. Each valid fo		e week. <i>Expire 12.31.2023</i>
Option 2: \$1850: 50 Golf Passes. Each valid fo	r 18 holes with cart any	day of the week. Expire 12.31.2023
Supplemental Cards may be pocards up front with the initial p	•	r 2. You may purchase supplemental season.
Supplemental Option 1: 9 20 Golf Passes. Each valid fo		e week. <i>Expire 12.31.2023</i>
Supplemental Option 2: S 20 Golf Passes. Each valid fo		day of the week. <i>Expire 12.31.2023</i>
Signature:		Date:

## Remit Application with payment to:

Stagg Hill Golf Club Attn: Business Membership 4441 Stagg Hill Road Manhattan, KS. 66502