

2024 Membership Application

Name:		DOB:
Address:		
		Zip:
		one:
Spouse:		DOB:
Email:	P	Phone:
you a voting member of Stagg Hill Golf required as these membership ty	f Club. * Initiation Fees for Acti pes are not considered voting m	
Single \$730/60.83mo Fam *Active-Duty Military Family \$92 PAR: Unlimited Golf, unli Single \$980/81.66mo Family *Active-Duty Military Family \$130 BIRDIE: Unlimited	aily \$1110/92.50mo *Ac 25/\$77.08mo *Junior \$3 imited range, discounte y \$1485/123.75mo *Ac 00/\$108.33mo *Junior \$ l golf, unlimited seat in	fees, & discounted guest fees. ctive-Duty Military Single \$575/47.92mo 600/\$25mo *Student \$545/\$45.41mo ed cart fees, & discounted guest fees. Active-Duty Military Single \$825/\$68.75mo 5550/\$45.83mo *Student \$795/66.25mo a cart, discounted guest fees. tive-Duty Military Single \$1300/\$108.33mo
*Active-Duty Military Family \$1925 EAGLE: Unlimited golf, unli Single \$1705/142.08mo Fam	5/\$160.42mo*Junior \$10 mited seat in a cart, un nily \$2485/207.08mo*Ac	25/\$85.42mo*Student \$1270/105.83mo alimited range, & discounted guest fees. ctive-Duty Military Single \$1550/\$129.17mo 275/\$106.25mo*Student \$1520/126.66mo
If a FAMILY membership is cho	osen, please add children's	s names and Date of birth below if applicable.
	Membership Add	On(s)
() Cart Storage & Trail Fee \$	6610/year () Electric Ca	art Fee \$20/year () Bag Storage \$50/year
() GHIN HCP \$40 per year (# 6 GH	of adults) () G HN fees must be paid up from	HIN HCP \$25 per year (# of juniors)
		prough the end of the calendar year. The provided the calendar year. The provided the calendar year. The provided the calendar year.
Applicant Signature:		
Date:		

PAYMENT OPTIONS

The payment information will be stored securely with PGH Accounting who does monthly billing for 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 20th of each month. A \$30 fee will be charged, if payment is returned. Bank Name: _____ City: State: Zip Code: Type of Account: () Checking () Savings Name on Account: Bank Routing Number: Account Number: Print Name: Signature: This authorization is to remain in full effect until 12/31/2024 as you are liable for payments for membership through the end of the calendar year. **Credit Card Authorization** I hereby authorize Stagg Hill Golf Club to charge my credit card for my membership dues and other fees that are due from my account on the 20th of each month. Credit Card Type: Visa () Mastercard () Amex () Discover () Card Number: _____ Expiration: CVV: Name on Card: Print Name:

This authorization is to remain in full effect until 12/31/2024 as you are liable for payments for membership through the end of the calendar year.