



2010 Annual Membership Application

Date: _____

First Name: _____ MI: _____ Last Name: _____

Street: _____

City: _____ State: _____ Postal Code: _____

Phone: (h) _____ (w) _____

Email: _____

Membership Type:

_____	Twilight Membership Single	\$625.00
_____	Twilight Membership Couple	\$1,200.00
_____	Limited Annual Single	\$750.00
_____	Limited Annual Couple	\$1,250.00
_____	Limited Family	\$1,850.00
_____	Full Annual Single	\$1,200.00
_____	Full Annual Couple	\$1,800.00
_____	Full Family	\$2,400.00

RANGE: (30% discount off regular price!)

_____	Single	\$105.00
_____	Couple	\$126.00
_____	Family	\$157.50

Total Amount Enclosed \$ _____

Payment Method: CASH CHECK CREDIT CARD ACCOUNT

Credit Card #: _____ Expiration date: _____

Security Code: _____

Signature: _____

Authorized signature to charge credit card for \$ _____ date: _____

Membership Bylaws/Rules and Regulations

I hereby acknowledge that I have received, have read, and understand the Membership Bylaws and the Rules and Regulations applicable to this membership, which are incorporated herein by reference. If elected to membership, I hereby agree that my use of the Club and privileges under the membership are subject to the terms, conditions, and restrictions set forth therein. I agree to conform to and abide by said Membership Bylaws and Rules and Regulations as each may be amended from time to time. The Club reserves the right, in its sole and absolute discretion, to terminate memberships in the Club, to discontinue operation of any or all of the Club facilities, to sell or otherwise dispose of the Club facilities in any manner, and to make any other changes to the terms and conditions of membership or use of the Club facilities.

Applicant's Signature _____

Date _____

Dunmaglas Golf Club

Accepted this _____ day of _____ 2010

By _____

Club Representative

Send Payment: Darin Philport
Dunmaglas Golf Club
09031 Boyne City Road
Charlevoix, MI 49720
231.547.4653
231.547.5227 (fax)
dphilport@dunmaglas.com

Membership Account Agreement

In order to allow Account Charges, I acknowledge and hereby authorize Dunmaglas Golf Club to charge the following credit card if my account charges are 30 days past due.

Credit Card #: _____ Expiration date: _____

Security Code: _____

Signature: _____ date: _____

Print Name: _____