



Membership #: _____
Paid: _____ Date: _____

2012 Membership Application

Member's Name: _____ *Referred by: _____

Spouse: _____ Children: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell: _____ Lake: _____

Email: _____

Please mark the type(s) of season pass you would like: (All season passes expire 2012)

Annual Single Membership **\$1,500**
 Additional Amenities: _____ - Annual Single Cart Pass (\$600)
 _____ - Single Practice Range (\$200)
 Total Due: _____

Annual Family Membership **\$2,100**
 Additional Amenities: _____ - Annual Family Cart Pass (\$1,000)
 _____ - Family Practice Range (\$250)
 Total Due: _____

Junior (20 & Under) Membership _____ - Single - \$750 _____ - Family - \$1,000
 (Cart Included, Pro Shop Approval Required)
 (Does not include USGA Handicap or 5 Free Guest Passes)

Please mail application to: **Glendarin Hills Golf Club**
Attn: Glen Kelly
3333 Glendarin Way
Angola, IN 46703

Call Glen Kelly with any questions

(260) 624-3550