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|-------------------------|
| Membership #: _____     |
| Paid: _____ Date: _____ |

**2011 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 2011)**

**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**