



SUGAR HILLS GOLF CLUB, INC.

6450 ROAD 16

GOODLAND, KS 67735

785-899-2785

Membership Application/Renewal Form
 Membership from July 1, 2010 to March 31, 2011

Members Name: _____ Spouse's Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Fax Number: _____

EMAIL: _____ EMAIL: _____

Dependents: 1. _____ 2. _____
 (Name & Age)
 3. _____ 4. _____

Please circle the number(s) above for the dependent(s) needing bag tags.

1	2	3	4
MEMBERSHIPS	Full Payment Plan	Tax	Total Amount Due
Single Membership	\$735.00	\$55.50	\$790.50
Family Membership	\$985.00	\$74.37	\$1,059.37
Family Membership (Only 1 Golfer in Family)	\$785.00	\$59.27	\$844.27
Jr. Family Membership (35 yrs or under)	\$735.00	\$55.50	\$790.50
Special Membership	\$400.00	\$30.20	\$430.20
Out of Area Membership	\$695.00	\$52.48	\$747.48
High School Student	\$95.00	\$7.18	\$102.18
College Membership	\$235.00	\$17.75	\$252.75
Corporate Membership (non-golfing)	\$250.00	\$18.88	\$268.88
Social Membership (non-golfing)	\$50.00	\$3.78	\$53.78

Golf Cart Shed Rental			
Number of Golf Carts X's	\$210.00	=	Shed # _____ Stall # _____
Non-Resident Cart Path Fee			
Number of Golf Carts X's	\$110.00	=	

TOTAL AMOUNT DUE: \$ _____

I understand as a member of Sugar Hills Golf Club, Inc., I am agreeing to comply with all club rules and policies.

Upon exercising the account charging option with Sugar Hills Golf Club, Inc., I understand that I am responsible for all amounts charged to my account and **payment is due and payable in full by the 10th of the following month.**

THANK YOU!!!

SIGNATURE: _____