



2009 "Platinum" Maverick Club

All information must be completed (please print)

TYPE OF MEMBERSHIP

Platinum Maverick Club

PERSONAL

Name _____ Date of Birth __/__/__

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____ E-Mail: _____

Maverick Club Number: _____

The undersigned agrees to comply with all the terms and conditions of the policies and procedures of Tot Hill Farm Golf Club, as now in effect, or as amended. The undersigned agrees to the terms of the current membership program and acknowledges that the membership is an annual membership subject to change annually. The undersigned also acknowledges that the membership fee is due in full. Additionally the undersigned acknowledges that all memberships and rights there of terminate one year after your joining.

Signature _____ Date _____