

Membership Application

All information must be completed (please print)

TYPE OF MEMBERSHIP

Annual-Single Annual-Husband and Wife
Inclusive Inclusive
 Annual-Pay as you Go

Homeowner Single
 Founding Member Family

PERSONAL

Name _____ Date of Birth __/__/__ SS# ____ - ____ - ____

Name of Spouse _____ Date of Birth __/__/__ SS# ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

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

Children and Dependents or Officers if Corporate Membership (Names, Date of Birth, Gender, SS#)

Name _____ Date of Birth __/__/__ Gender M F SS# ____ - ____ - ____

Name _____ Date of Birth __/__/__ Gender M F SS# ____ - ____ - ____

Name _____ Date of Birth __/__/__ Gender M F SS# ____ - ____ - ____

Name _____ Date of Birth __/__/__ Gender M F SS# ____ - ____ - ____

OCCUPATION

Company Name _____ Position Title _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____ Billing Preference Home Business

Credit Card

_____ Exp _____

V# _____

REFERRAL

Tot Hill Farm Member Name: _____

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 or hereby authorize Tot Hill Farm to charge my credit card for any charges 20 days past due. Additionally the undersigned acknowledges that all memberships and rights there of terminate one year after your anniversary date.

Signature _____ Date _____