



MEMBERSHIP REQUEST

I, _____ agree to pay all applicable fees for my membership, to accept, abide, and be governed by the Charter, By-Laws, and agree to abide by the Rules and Regulations of Sky Valley Club, Inc.

Name: _____	Date of Birth: _____	
Billing Address: _____		
City: _____	State: _____	Zip Code: _____
In Season Address: _____		
City: _____	State: _____	Zip Code: _____
Name of Spouse: _____		
Name of Dependent(s): _____		

Email Address for Billing: _____		
Email Address(es) for Newsletters & Updates: _____		

<input type="checkbox"/> Home Phone #: _____	<input type="checkbox"/> Cell Phone #: _____	
<input type="checkbox"/> Other Phone #s: _____		

Please check the box that lists your Primary number.

Type of Membership		
<input type="checkbox"/> Founder Membership	<input type="checkbox"/> Non-Founder Membership	
Social Membership: <input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Add Golf Simulator
Golf Membership: <input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Add Unlimited Cart
<input type="checkbox"/> Croquet Membership		
<input type="checkbox"/> Transfer of Membership (Addt'l \$500 transfer fee)		
Amount paid for Membership: \$ _____	Certificate # _____	

Applicant's Signature: _____ Date: _____

Accepted by Sky Valley Club, Inc.

Name: _____ Title: _____ Date: _____

Please return this application to the Business Office located in the Pro Shop.
Please make checks payable to Sky Valley Club, Inc.