



MEMBERSHIP APPLICATION

January 1, 2017 – December 31, 2017

PLEASE CHECK ONE: FULL MEMBERSHIP SWIM & TENNIS RANGE ONLY

Member Name: _____ Date of Birth: _____

Member Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

MEMBERS MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Alternate Email Address: _____

Telephone Number: (H) _____ (C) _____

By signing below, each person agrees to be a member of Moss Hill Golf Course for 2017, subject to all the rules and regulations of the club, and agrees to pay the annual dues.

Member Signature:

Member Signature:
