



MARQUETTE *Golf Club*

National Membership Billing Menu* 2010

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City, State, Zip: _____ Phone: _____

Are you a member at another golf club? _____ Y _____ N.

If yes, which club? _____

Below, please list the name and birth date of all people that would be included as members under this membership: (self, spouse, dependents)

Name	Email address	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership Categories:

- _____ \$400 Single
- _____ \$600 Husband/wife
- _____ \$800 Family (includes children
24 and under)

Food/Beverage:

- _____ \$60
- _____ \$100

Cart Lease:

- _____ \$225 Single
- _____ \$365 Couple

_____ **Total Payment Due**

PLEASE MAKE CHECK PAYABLE TO: MARQUETTE GOLF CLUB.
REMIT TO: PO BOX 276, MARQUETTE, MI 49855

Privileges

- Full golfing privileges (excludes club member events)
- No assessment obligations
- No voting privileges

Signature _____ Date _____

* AVAILABLE TO THOSE WHOSE PRIMARY RESIDENCE IS 50 MILES OR GREATER FROM MARQUETTE GOLF CLUB **AND** DO NOT RESIDE WITHIN THE STATED RADIUS FOR MORE THAN 30 DAYS FROM APRIL 1 THROUGH OCTOBER 31. (LIMITED TO 50 MEMBERSHIPS)