

APPLE CREEK COUNTRY CLUB

2019 APPLICATION FOR MEMBERSHIP

Primary Member Name: _____ Date of Birth: _____
 Spouse Name: _____ Date of Birth: _____
 Mailing Address & Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Spouse's Cell: _____
 Home Email: _____ Spouse's Email: _____
 Employer: _____ Business Phone: _____
 Business Mailing Address & Zip Code: _____
 Business Email: _____
 Children under age of 21 (under 24 if currently enrolled in school)
 1) _____ Birth Date: _____ 2) _____ Birth Date: _____
 3) _____ Birth Date: _____ 4) _____ Birth Date: _____

Membership Categories (please check one)	Annually	Monthly
<input type="checkbox"/> Resident Golf Membership	\$ 2,940.00	\$ 245.00
<input type="checkbox"/> Single Resident Golf/Family Social Membership	\$ 2,430.00	\$ 202.50
<input type="checkbox"/> Single Resident Golf/No Dependents	\$ 2,124.00	\$ 177.00
<input type="checkbox"/> Pre-Resident Family Golf Membership (age 22-39)	\$ 1,920.00	\$ 160.00
<input type="checkbox"/> Pre-Resident Single Golf Membership (age 22-39)	\$ 1,680.00	\$ 140.00
<input type="checkbox"/> Corporate Golf (Requirement: minimum of 5 members from same corporation)	\$ 2,562.00	n/a
<input type="checkbox"/> Non-Resident Golf Membership (Resident of ND/55 miles outside Bismarck)	\$ 710.00	n/a
<input type="checkbox"/> ACTIVE MILITARY/LAW ENFORCEMENT (Under 40)	\$ 1,380.00	\$ 115.00
<input type="checkbox"/> ACTIVE MILITARY/LAW ENFORCEMENT (Over 40)	\$ 1,980.00	\$ 165.00
<input type="checkbox"/> Pool Membership (Requirement: must spend \$300.00 throughout year)	\$ 200.00	n/a

BILLING INFORMATION:

Membership Class: _____ Bill my Membership Dues (check one): ___ Annually ___ Monthly

ADDITIONAL FEES & SERVICES (Please check all that apply) – Invoiced May 1st

Annual Locker Fee: _____ Men's Full (\$75) _____ Couple (\$135) _____ Ladies Half (\$50) _____ Ladies Foot Locker (\$25)
 Cart Fees: _____ Private Cart Pass (\$650) _____ Annual Cart Pass 1 Seat (\$1,000) _____ Annual Cart Pass Family (\$1,200)
 Annual Bag Storage Fee: _____ Single (\$75)

Please send statements to (check one): ___ Home Email ___ Business Email ___ Home Address ___ Business Address

CREDIT CARD PAYMENT OPTION:

(Automatic payment made by the Accounting Department on or around the 5th day of each month.)

Yes, please bill all charges to my credit card (check one): ___ VISA ___ MC ___ AMEX ___ Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

I understand that my application is subject to the approval of the company. It is agreed that this membership and all persons using Apple Creek Country Club are bound by and shall comply with all of the Rules and Regulations of Apple Creek Country Club as written or shall be amended. I also understand that I am joining Apple Creek Country Club for a minimum of twelve (12) consecutive months¹.
 If you have any questions regarding memberships and/or fees, please call Ty Hauglie, General Manager at (701) 258-5234. Thank you!

Signature of Applicant _____ Date _____ Sponsor's Name _____

Signature of President or GM _____ Date _____

¹Apple Creek Country Club memberships are ongoing each year. All membership terminations must be in writing or emailed to admin@applecreekcountryclub.com prior to April 1st each year.

Please return to: Apple Creek Country Club, PO Box 1611, Bismarck, ND 58502