

START DATE

EXPIRATION
DATE

TODAY'S DATE

AMOUNT
PAID

Gambler Ridge Golf Club

2022 – 2023 Membership Enrollment Application

PLEASE CHECK THE MEMBERSHIP(S) THAT YOU ARE APPLYING FOR

<input type="checkbox"/> Non-Senior Weekday Membership	\$1300.00
<input type="checkbox"/> Senior Weekday Membership	\$1095.00
<input type="checkbox"/> Weekday Afternoon Membership	\$850.00
<input type="checkbox"/> Full Afternoon Membership	\$995.00
<input type="checkbox"/> Full Individual Membership	\$1795.00
<input type="checkbox"/> Full Senior Individual Membership	\$1525.75
<input type="checkbox"/> Junior Membership	\$350.00
<input type="checkbox"/> Driving Range Memberships	
<input type="checkbox"/> Individual	\$325.00
<input type="checkbox"/> Family	\$399.00
<input type="checkbox"/> Junior	\$199.00
<input type="checkbox"/> Golf Cart Packages	
<input type="checkbox"/> Anytime (Weekdays, Weekends, Holidays):	\$550.00
<input type="checkbox"/> Anytime (Seniors):	\$467.50
<input type="checkbox"/> Weekdays (Non-Seniors):	\$425.00
<input type="checkbox"/> Weekdays (Seniors):	\$350.00

(PLEASE PRINT LEGIBLY & FILL OUT THE ENTIRE FORM)

MAIN APPLICANTS' INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Main Phone #: _____

Alt. Phone #: _____ Work Phone #: _____

ADDITIONAL FAMILY MEMBER (If Applicable)

Name: _____ Date of Birth: _____

Street Address (If Different): _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Main Phone #: _____

PAYMENT INFORMATION

Credit Card: Visa American Express MasterCard Gift Card

Credit/Gift #: _____

Name on Card (Print): _____

Expiration Date: _____ V-Code: _____

By signing this application, the individual affirms that all information provided in the Membership Enrollment Application is true and complete. The member agrees to abide by all course policies set forth by Peronic Enterprises LLC (DBA as Gambler Ridge Golf Club). Peronic Enterprises LLC has the right to store, maintain, and use this information for applicant’s membership purposes only. Further, the member understands that a membership expires 365 days from the time of payment.

Signature of Applicant

Print Name

Date

GAMBLER RIDGE STAFF NOTES:

Membership Card Number: _____

Miscellaneous Information: _____

