



Cane Row Golf & Turf Club Annual Membership Contract

Name: _____

Physical Address: _____

City, State & Zip: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____

Date of Birth: _____

Email Address: _____

Type of Memberships Purchased (please initial next to choice):

Single Memberships:

_____ \$142.85 paid each month (covers green fees for member only) \$156.35 w/tax.

_____ Annual \$1571.35 Golf Membership (Paid in full upon signing of contract and covers green fees for member only.) \$1719.84 w/tax.

Family Memberships:

_____ \$180.00 paid each month (covers green fees for member, spouse and all children living in household. Please fill out Family Identification form.) \$197.01 w/tax.

_____ Annual \$1980.00 Family Membership (Paid in full upon signing of contract and covers green fees for member, spouse and all children living in household. Please fill out Family Identification form.) \$2167.11 w/tax.

Type of Cart Plan Purchased (please initial next to choice):

Single Plans:

_____ \$118.50 paid each month (covers cart usage for 1 seat when playing for member only) \$129.70 w/tax.

_____ Annual \$1303.50 Golf Cart Plan (Paid in full upon signing of contract and covers cart usage for 1 seat when playing for member only) \$1426.68 w/tax.

Trail Plan:

_____ Trail Plan-\$80.00 paid each month for 12 months or Annual payment of \$880.00 (covers members use of personal cart on cart path) \$87.56/\$963.16 w/tax.

**** Corporate Memberships also available-Please see Gretchen Andre for pricing and information.**

!!!!ALL MEMBERS GET 10% OFF ALL PURCHASES IN THE PRO SHOP AND 15% OFF CARTS!!!!!!

**If you have a membership and you make the decision to drop your membership you will have to pay the \$700 registration fee upfront to rejoin.

Optional credit card or checking account draft for monthly payments:

For Monthly Payments:

Credit/Debit Card Number: _____ CVV#: _____ Exp: _____

Bank Routing Number: _____ Account Number: _____

I authorize Cane Row Golf & Turf Club LLC to debit my account for my monthly membership fee payments.

Sign: _____ Date: _____

Family Identification Form

Primary Member Name: _____

Spouse Name: _____

Please list names and dates of birth of all children living in your home that are under 21 years of age:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I agree to the terms and fees I have selected in this contract:

Signature: _____ **Date:** _____

<p>For Office Use Only</p> <p>Paid in full by ____ check(#____) or _____ credit card.</p> <p>Member Number Assigned _____ Date Accepted _____</p> <p>Accepted by: _____</p>
