

Date _____

MEMBERSHIP APPLICATION – SABETHA GOLF CLUB

Name(s) _____

Address _____

Phone # _____

Email _____

Type of membership applying for: (Check one)

- _____ Single Golf (Full Privileges)
- _____ Family Golf (Full Privileges)
- _____ Social (Clubhouse and pool only, no golf)
- _____ Junior (18 and under)
- _____ College

I am interested in owning a cart shed and own a(n) ___Gas cart. (Please Check)
___Electric cart.

I agree to remit to the Sabetha Golf Club, payment of _____ for membership and cards for the year _____. One half of this amount is due with this application, balance due upon final approval by the Board of Directors. I also agree to follow all rules and regulations of the Sabetha Golf Club, a copy of which I have received with this application.

Sponsor: _____ Signature: _____