

Wisconsin's

Best

Golf Value



2024 Membership Application

Name _____, Birthdate (**Required**) ____/____/____

Primary phone # (**Required**) (____) _____

Secondary Phone # (____) _____

Email (**Required**): _____

Street Address (**Required**) _____ Zip _____

Spouse (if applicable) _____, Birthdate (**Required**) ____/____/____

Primary phone # (**Required**) (____) _____

Secondary Phone # (____) _____

Email (**Required**): _____

Child (if applicable) _____, Birthday (**Required**) ____/____/____

Primary phone # (**Required**) (____) _____

Secondary Phone # (____) _____

Email (**Required**): _____

Child (if applicable) _____, Birthday (**Required**) ____/____/____

Primary phone # (**Required**) (____) _____

Secondary Phone # (____) _____

Email (**Required**): _____

Child (if applicable) _____, Birthday (**Required**) ____/____/____

Primary phone # (**Required**) (____) _____

Secondary Phone # (____) _____

Email (**Required**): _____

Subtotal _____ + 5.5% Sales Tax = Total _____

Received by _____ Date ____/____/____