

HILLCREST GOLF COURSE
 Post Office Box 2393 • Durango, Colorado 81302

MEMBERSHIP APPLICATION
2010 GOLF SEASON

Membership Type	Amount Paid	Amount Paid
A. First Full Member	\$400.00 _____	Handicap (GHIN#) Fee . . \$25.00 _____
B. Spouse of First Full Member	300.00 _____	Handicap (GHIN#) Fee . . 25.00 _____
C. Junior Member (17 ys. or younger)	125.00 _____	Handicap (GHIN#) Fee . . 25.00 _____
D. Family Membership (Parents & Juniors)	780.00 _____	Handicap (GHIN#) Fee . . 25.00 _____
		<small>(Family Memberships \$25 per each family member who wants a GHIN #)</small>
Sub Total (If NOT using the 2 payment plan)	\$ _____	Sub Total \$ _____

SEE MEMBERSHIP FORM #2 IF USING THE 2 PAYMENT MEMBERSHIP PLAN

USGA requires a handicap (GHIN #) for tournament play

Cart Ownership Fee*	280.00 _____	(Shed # _____)
Men's Locker Rental Fee*	45.00 _____	(Locker # _____)
Women's Locker Rental Fee*	30.00 _____	(Locker # _____)
Junior Club Storage Fee*	20.00 _____	(Club Storage # _____)
Club Storage Fee*	40.00 _____	(Club Storage # _____)
Kangaroo Storage Fee*	45.00 _____	
Range Membership	225.00 _____	
Spousal Range Membership	125.00 _____	
Junior Range Membership	175.00 _____	(Unlimited # of Buckets)
<small>RANGE MEMBERS: Sharing of Range Balls may Result in Loss of Range Privileges</small>		
Junior Range Pass	90.00 _____	(40 Large Baskets)

*THESE FEES MUST BE PAID BY APRIL 1ST

TOTAL AMOUNT ENCLOSED \$ _____ _____ CHECK IF USING MEMBERSHIP 2 PAYMENT PLAN
(FORM #2 MUST BE ATTACHED)

(Total Amount includes Membership fees, Handicap fee, cart, locker, club storage, kangaroo, and range fees)

(Please complete mailing/telephone/email information to verify accuracy of Hillcrest records.)

Please check if new member.

(PLEASE PRINT)

First Full Member _____ DOB _____ Member # _____
 Spouse of Full Member _____ DOB _____ Member # _____
 Junior _____ DOB _____ Member # _____
 Mailing address _____

Telephone: _____ Email Address: _____

CURRENT GHIN HANDICAP INFORMATION (If other than Hillcrest Golf Club)

GHIN # _____
 Previous Club Name _____
 City, State _____ Club # _____

DO NOT WRITE IN THIS SECTION:

_____ CASH CHECK No. _____ Verified by _____
 _____ MC/VISA _____ AMX _____ DISC GHIN #: _____

I UNDERSTAND THIS MEMBERSHIP(S) IS NON-REFUNDABLE 24 HOURS AFTER APPLICATION IS PROCESSED AT HILLCREST GOLF CLUB. MEMBERSHIP IS NON-TRANSFERABLE. A RECEIPT FOR YOUR MEMBERSHIP DUES IS AVAILABLE AT THE PRO SHOP UPON REQUEST.

Signature _____

CLUB COPY

Date _____