

2024 Student Membership Application



Applicant's Name _____ DOB (Required) _____ Age _____

Mailing Address:

Telephone: _____

Email: _____

Email billing statements? Yes _____ or No _____ Email newsletter? Yes _____ or No _____

Permit House and Pro Shop charges to student account? Yes _____ or No _____

Please select the Student Membership Category you are requesting:

age as of January 1 st :	Under 18 <input type="checkbox"/>	18-22 <input type="checkbox"/>
Dues:	\$103.00 +\$8.24 tax: \$111.24	\$206.00 +16.48 tax: \$222.48

Parent's Name and Address:

Parent's Email: _____ Parent's Telephone: _____

Parent's Signature * _____ Date _____

*Parent or guardian acknowledges and hereby agrees to pay any unpaid charges on this account.

Applicant's Signature _____ Date _____

For Office Use:	Date Rec'd ____ / ____ / ____	Amount Rec'd \$ _____	Method of Payment _____
Updates:	_____ EZ	_____ Calendar	_____ Master List