



2025 Student Membership Application

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

Mailing Address: _____

Mobile Phone: _____

Email: _____

Please check box to opt out of emailed billing statements:

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

Please select the Student Membership Category you are requesting:

Age as of 1/1/2025:	Under 18	18-22
Dues:	295.00 + \$23.60 tax: \$318.60	\$495.00 + \$39.60 tax: \$534.60

Parent's Name and Address:

Parent's Email: _____ Parent's Mobile Phone: _____

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:	Golf 365 _____	Calendar _____	Master List _____