



I hereby submit this application for membership at Lone Palm Golf Club. If my application is approved, I agree to abide by all of the rules established by Lone Palm and pay all fees and charges associated with the club membership. I understand my initiation fee is due upon acceptance of this application and I will be billed for dues based on the billing schedule I select below.

Monthly
 Quarterly
 Semi-annually
 Annually

I understand that my membership is not transferrable. I understand that if I choose to suspend my membership for any period of time or cancel my membership, I must notify Lone Palm's General Manager in writing prior to any suspension or cancellation being effective.

NAME: _____ DATE: _____

SIGNATURE: _____

E-MAIL ADDRESS: _____

APPLICANT INFORMATION

Profession/business: _____

Business phone: _____ Home phone: _____ Cell phone: _____

Billing address: _____

Home address (if different than above): _____

Spouse's name: _____ Will spouse play golf? _____

Spouse's e-mail address: _____ Spouse's cell phone: _____

Names and birth dates of children: _____

Your birth date: _____ Spouse's birth date: _____

Name and phone number of emergency contact: _____

Name of any clubs or organizations you're a member of: _____

Names of at least 2 club members you or your family most frequently associate with: _____

Active club member sponsoring you for membership completes this section:

How long have you known the applicant? _____

How do you know the applicant? Family member Friend Business associate

Name: _____

Signature: _____

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How long have you known the applicant? _____

How do you know the applicant? Family member Friend Business associate

Name: _____

Signature: _____