

CASSVILLE GOLF ASSOCIATION

Route 4, Box 4630 | Cassville, Missouri 65625

NEW MEMBER APPLICATION

Name _____ Spouse _____ Date _____

Address _____ State _____ Zip _____

Family Members _____

Email Address _____

Telephone (____)____-____ Work (____)____-____ Cell (____)____-____

Method of Payment

Annual Semi-Annual Monthly Debit

Cart Information

Own - Gas Electric

Annual Cart Rental

Effective Date _____ Initiation Fee \$ _____

Member Number _____ Membership Dues \$ _____

Paid - Date _____ Locker Rent \$ _____

Check # _____ Cart Shed Rent \$ _____

Amount _____ Electric Fee \$ _____

Cart Shed Assigned _____ Monthly Debit Fee \$ _____

Sponsoring Member _____ Total Bill \$ _____

Comments
