



2018 National Membership application form

Member Details

Full Name	Birth Date	Phone
Full Name	Birth Date	Phone
Email	Email	

Additional Family	Address (Including Postcode)
Name D.O.B.	
Name D.O.B.	

Where did you hear about us? Or who recommended you to join us?

Are you a member at another golf club? Yes No

If your answer was yes, please list club/clubs here.

Greywalls/Heritage course Combined:

Single - \$440 Couple - \$645 Family - \$850

Clubhouse or Pro Shop dues: (Must Choose location & amount)

Single - \$75 Couple/Family - \$125 Clubhouse Pro Shop

Cart Fees:

Single lease - \$235 Couples lease - \$375

Driving Range:

Single - \$50 Couple - \$100 Family - \$175

Membership is offered under the following:

- Applying requires you to select the corresponding clubhouse or pro shop dues/credit at the time of purchase. (Single/Couple)
- Applying for membership under the national status give's you full golfing priveleges (excluding club member events)to play the award winning Greywalls golf course as well as the classic Heritage course.
- There are no assessment obligations
- This level of membership does not include voting priveleges
- Availability for individuals/couples/families whose primary residence is **50 miles or greater** from Marquette Golf Club and do not reside within the stated radius for more than 30 days from April 1st through October 31st. (LIMITED TO 50 MEMBERSHIPS)
- Refunds may be granted for issues involving physical illness and/or injury sustained prior to June 1st. Refund request must be accompanied by a physician's documentation that explains both the issue and duration the applicant will be affected. No refund request will be considered after June 15th. If a refund is granted, it will be issued in the form of credit to be applied to the applicant's next season's dues.

Annual Benefit Plan (New for 2018)

\$150 per household for **Current** Benefit Plan participants

\$200 per household for **New** Benefit Plan participants

Plan Includes choice of: 2 Guest Rounds on Greywalls 4 Guest Rounds on Heritage

and choice of: Locker Rental Bag Storage

- Pro-Shop merchandise at 20% over cost
- Two-week advanced tee time privileges

I agree to the Rules and Regulations of the Club

Signature: Date: Total:



2018 ACH Payment Request

Individuals enrolling in the Marquette Golf Club ACH Payment Plan will have their account/credit card debited on the 1st of each month.

A \$5.00 monthly processing and service fee will be added for accounts that are set up using the ACH payment plan/Credit card payment plan.

ACH Payment Request

Name		Phone Number	
Banking Information:			
Bank Name		Checking Account	Savings Account
Account Number	Routing Number		
Amount of Payment	Starting Date	Ending	Monthly Bill

Please Sign Below

ACH Credit Card Transaction

Name			
Credit Card Information:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number:	Code /#*:	Expiration Date:	
*CCV (Card Code Verification on back of card) <u>or</u> AMEX 4 Digit CID (Certification # on front of card)			

Type of Account

<input type="checkbox"/> Debit	<input type="checkbox"/> Credit		
Cardholders Name as it Appears on the Card:			
Cardholders Phone:			
Cardholders Email:			
Authorized Amount	Starting Date	Ending	Monthly Bill

Please Sign Below

- A \$5.00 monthly processing and service fee will be added for accounts that are set up using the ACH payment plan/Credit card payment plan.*
- Members are responsible, and will be charged accordingly for any fees/charges incurred by (MGC) due to insufficient funds.*
- Cancellation of payment plan may be granted for issues involving physical illness and/or injury sustained prior to June 1st. Cancellation requests must be accompanied by a physicians documentation that explains both the issue and duration the applicant will be affected. No cancellation request will be considered after June 15th.*

I hereby authorize Marquette Golf Club to charge the credit card indicated in this authorization form and that I am the authorized holder and signer of listed credit card. I certify that all information is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed in the "Total Authorized Amount" field. If additional charges are going to be authorized a new form will have to be completed.

Signature: Date:

For office use only

Date application received	Date Processed	Payment Received
Member #	Username	Password