



For office use only

## 2017 ARROWHEAD MEADOWS MEMBERSHIP APPLICATION

Check the appropriate box for items you are purchasing.

### MEMBERSHIP DUES

Single \$360

Couple \$460

- *Couple = two people who are married.* \_\_\_\_\_ (initial)

Family \$535

- *Family membership = a married couple and their children under the age of 19, or older as long as they are full-time college students.* \_\_\_\_\_ (initial)

High School \$110

College \$215

- *You must provide proof that you are a full-time college student.*

Special \$180

- *Special member = any member in good standing at another grass green course. League privileges ARE included. Membership voting rights NOT included.* \_\_\_\_\_ (initial)

### CART

Single \$260

Family \$360

- *Family cart lease = you are paying for as many seats as you may need for your immediate family only (a married couple and their children under the age of 19, or older as long as they are full-time college students).* \_\_\_\_\_ (initial)

Cart Stall \$360

- *I understand this fee is due by April 1<sup>st</sup> of each year unless I'm paying via EFT.* \_\_\_\_\_ (initial)

League Cart Lease \$160

- *If you have not paid for a cart lease or cart stall, it is mandatory to purchase a league cart lease to play on league.* \_\_\_\_\_ (initial)

Locker \$75

Trail fee \$150

*I would like to make financial arrangements to pay in 2 checks at an additional cost of \$30.00 which is included in my total payment today. I agree the balance owed must be paid prior to June 1<sup>st</sup>, 2017 and must be mailed to: Arrowhead Meadows, PO Box 262, Curtis, NE 69025. \_\_\_\_\_ (initial)*

Check this box to include \$30 payment.

*I would like to make financial arrangements to pay via EFT. I understand it is my responsibility to set this up with my financial institution to be deposited into Arrowhead Meadows Account at First Central Bank #0400117310, Routing #104113990 for an even amount each month with the total balance owed to be paid on or before March 31, 2018. **Please advise your financial institution to set up the EFT memo with “first initial, last name and membership dues” so we are able to track who the payment is coming from.** I have enclosed payment for the odd amount of: \$ \_\_\_\_\_. \_\_\_\_\_ (initial)*

Total Due: \_\_\_\_\_ Amount Paid by check   
Amount Paid in cash   
Amount Paid by credit card   
Total Amount Paid via EFT

Monthly EFT Amt \_\_\_\_\_  
Starting Date \_\_\_\_\_  
Ending Date \_\_\_\_\_

\_\_\_\_\_  
Print Signature Date

\_\_\_\_\_  
Address Signature Date

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail