



SPOONER GOLF CLUB

2022 Membership Form

Membership Name(s): _____

Member Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: (____) _____

Family Members *(if applicable, provide names and ages of family members)*

Enter Quantity	Membership/Fee	Price	Enter Total
	Junior 17 & Under Pass	\$140	
	Young Adult 18-25 Pass	\$250	
	Associate 26-31 Pass	\$465	
	Associate 32-39 Pass	\$670	
	Associate Couple 25-39 Pass	\$875	
	Associate Family 25-39 Pass	\$925	
	Single Membership : Regular / Saver	\$865 / \$785	
	Couples Membership : Regular / Saver	\$1,315 / \$1,175	
	Family Membership : Regular / Saver	\$1,435 / \$1,235	
	Golf Cart Season Fee : Single / Couple	\$550 / \$880	
	(30) Nine Hole Green Fee SMART Card	\$475	
	(30) Nine Hole Cart Fee SMART Card	\$235	
	Range Fee : Single / Couple / Family	\$165 / \$210 / \$245	
	Handicap Fee	\$29 each	
TOTAL Membership, Passes & Fees			\$

Please charge my (circle one): VISA MASTERCARD DISCOVER in the amount of \$ _____

Credit Card Number: _____ Exp (MM/YY): _____

Signature Required: _____

Refund/Credit Policy

A refund of membership fees will be considered only for reasons involving personal health or change in circumstance for the persons listed on this form. A letter describing the request must be submitted to the SGC Board of Directors on or before the following dates for consideration:

<i>Refund Request Postmarked before or on May 1</i>	<i>100% Refund</i>
<i>Refund Request Postmarked May 2 - June 1</i>	<i>75% Refund</i>
<i>Refund Request Postmarked June 2 - July 1</i>	<i>50% Refund</i>
<i>Refund Request Postmarked July 2 - August 1</i>	<i>25% Refund</i>
<i>Refund Request Postmarked after August 1</i>	<i>0% Refund</i>

Mail Completed Form to: Spooner Golf Club, P.O. Box 146, Spooner, WI 54801