



Shadow Ridge Golf Club Membership Application

Applicant Name: _____

We would like to thank you for your interest in Shadow Ridge Golf Club. **The membership and cart plan are both a binding agreement.** Dues are billed one month in advance. The following are the types of **memberships** Shadow Ridge offers and the monthly dues including tax:

The following are our monthly dues:

Family Membership – Includes Green Fee for applicant, spouse, and dependant children under 24 years of age.

Dues: \$150 per month

Single Membership – Includes Green Fess for applicant only.

Dues: \$120 per month

Corporate Memberships – Call for information,

In addition to the memberships, Shadow Ridge offers **Cart Plans**.

For an additional: \$80. Per month: **Single Cart Plan** – Applicant only

 \$100. Per month: Family Cart Plan – Applicant and Spouse (or one child)

 \$30. Per month: Range Plan: Unlimited Driving Range Balls (Maximum two buckets per visit) for a month

Please take the time to fill out the membership application and sign the disclosure at the bottom of the page. If you have any questions please do not hesitate to call us at (601) 296-0286 or visit us on the web at www.shadowridgegolf.com. Thank you for making Shadow Ridge Golf Club your golfing home.

Shadow Ridge Golf Club

Membership Application

Applicants Name: _____

Birth Date: ____/____/____ E-Mail Address: _____

Spouse's Name: _____ Birth Date: ____/____/____

Home Phone Number: (____)____-____ Cell Phone: (____)____-____

Local Residence: _____
Number Street Apt#

Billing Address

Newsletter Address: _____
City State Zip

Other Residence: _____
Number Street Apt#

Billing Address

Newsletter Address: _____
City State Zip

Please list dependent children less than 24 years of age:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| Name Age | Name Age |
| 2. _____ | 4. _____ |
| Name Age | Name Age |

I understand that this membership and additional plans are a binding, 12-month contract, non-transferable and non- saleable. This contract is valid. This contract will automatically be renewed are the applicable rate unless a 30 day written notice of cancellation is received in the accounting office. Members with a 30 day past due balance will be assessed a finance charge of 1.5%

Applicants Signature: _____ Date: _____

Membership applying for Family Single

Cart Plan Applying for: Family Single None

Office use only Submitted to: _____ Effective Date: _____