

Authorized Signature: \_\_\_

# **2024 MEMBERSHIP APPLICATION**

Card	#:			

MEMBERSHIP INFORMATION:
Address must be the same as the billing address for the credit card. PLEASE PRINT LEGIBLY.

Name:	Toda	Today's Date:	
Address:	Suite	e/Apt. #:	
City:		ual Rounds	
Daytime Telephone:			
MEMBERSHIP TYPE			
Sport Membership  □ Primary Member \$159.00+tax  Payment  √ Monthly  PLP Membership  □ Primary Member \$109.00+tax  Payment  √ Monthly	4 Day Membership  ☐ Individual 4 Day \$2,000+tax ☐ Senior 4 Day \$1,700+tax  Payment  1 Time Annual	Legacy Full Golf Membership  Individual Legacy 7 Day \$5415.00+tax or \$475.00+tax mo.  Family Legacy 7 Day \$6,555.00+tax or \$575.00+tax or \$575.00+tax or \$220.00+tax or \$220.00+tax or \$220.00+tax or \$3,500.00+tax or \$305.00+tax or \$305.00+tax or \$1 Time Annual	7 Day Membership  Individual 7 Day \$4,370.00+tax or \$383.00+tax mo.  Payment  Monthly or  1 Time Annual
METHOD OF PAYMENT (Please	·	·	Discover
	l:		
Card Number:		Ехр	. Date:
CSV: Billi	ng Zip Code for card:		

My signature above authorizes Sky Creek Ranch Golf Club to charge my credit card for the appropriate amount each
month or annually in alignment with the membership I have chosen above. I understand billing will occur on the same
day of each month. This agreement remains in place until your membership has expired or is cancelled in accordance
with the membership you have selected above.

Initial	here:	
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I have received a copy of my membership information and by my initials below agree that I have read, understand, and accept the terms, conditions, billing structure, and all other information related to my membership.

Initial here	:

### **CHARGE ACCOUNT AGREEMENT**

(for Legacy and Full Golf Members only)

I authorize Sky Creek Ranch Golf Club to charge this credit card for:

- 1. All goods and services purchased and used at the Club.
- 2. Any applicable Tee Time Cancellation Fees.
- 3. Auto renewal of membership on January 1st

A 20% gratuity will be added to all Food and Beverage charges. This account will be settled on the last day of each month on the above listed credit card. Should the last day of a given month fall on a Saturday or Sunday, the account will be settled on the preceding Friday or following Monday.

I authorize Sky Creek Ranch Golf Club to charge goods and services on a monthly basis to the above listed credit card. I verify by my signature that I am an authorized user/cardholder of that card. If, for any reason, charges should be declined, I agree to pay the balance due plus a \$25.00 penalty fee.

# FOR OFFICE USE ONLY

BOARDING		Family Legacy Additional Members		
	<u>Initial</u> <u>Pro Shop</u>	Spouse:		
	Issue member card	Email:		
	Issue range key	Child 1:		
	Admin / Accounting	Email:		
	Enter into member roster	Child 2:		
	Enter in Chrono Golf	Email:		
	Send Activation Email	Dilidii		
	Create House Account			
	Set up Auto Billing			

# **Wait List**

I authorize Sky Creek Ranch to place me on a waiting list for the full membership and to process this member application as soon as an open space becomes available.

We will notify you by email, phone call, or text when a space becomes available, and we have processed your application.