



2025 MEMBERSHIP APPLICATION

Card #: _____

MEMBERSHIP INFORMATION:

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

Name: _____

Today's Date: _____

Address: _____

Suite/Apt. #: _____

City: _____ State: _____

Zip: _____

E-mail: _____

Annual Rounds _____

Daytime Telephone: _____

MEMBERSHIP TYPE

Sport Membership	4 Day Membership	Legacy Full Golf Membership	7 Day Membership
<input type="checkbox"/> Primary Member \$159.00+tax <u>Payment</u> <input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Individual 4 Day \$1,775+tax <input type="checkbox"/> Senior 4 Day \$1,475+tax <u>Payment</u> <input checked="" type="checkbox"/> 1 Time Annual	<input type="checkbox"/> Individual Legacy 7 Day \$4,975.00+tax or \$457.00+tax mo. <input type="checkbox"/> Family Legacy 7 Day \$6,100.00+tax or \$560.00+tax mo. <input type="checkbox"/> Individual Legacy 4 Day \$2,250.00+tax or \$207.00+tax mo. <input type="checkbox"/> Family Legacy 4 Day \$3,100.00+tax or \$285.00+tax mo. <u>Payment</u> <input type="checkbox"/> Monthly or 1 Time Annual	<input type="checkbox"/> Individual 7 Day \$3,975.00+tax or \$365.00+tax mo. <u>Payment</u> <input type="checkbox"/> Monthly or 1 Time Annual
PLP Membership <input type="checkbox"/> Primary Member \$109.00+tax <u>Payment</u> <input checked="" type="checkbox"/> Monthly			

METHOD OF PAYMENT (Please Check One): Visa MasterCard American Express Discover

Your name as printed on Card: _____

Card Number: _____ Exp. Date: _____

CSV: _____ Billing Zip Code for card: _____

Authorized Signature: _____

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: _____

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.

Initial here: _____

FOR OFFICE USE ONLY

ON BOARDING

Initial

Pro Shop

- _____ Issue member card
- _____ Issue range key

Admin / Accounting

- _____ Enter into member roster
- _____ Enter in Chrono Golf
- _____ Send Activation Email
- _____ Create House Account
- _____ Set up Auto Billing

Family Legacy Additional Members

Spouse: _____

Email: _____

Child 1: _____

Email: _____

Child 2: _____

Email: _____

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.

Initial here: _____

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