

2019 FOX HOLLOW MEN'S CLUB MEMBERSHIP APPLICATION (fillable form)

Fill in the blanks on the screen then print this application

Name: _____ Birthdate: _____
(for senior and junior identification)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work # _____ Cell #: _____

E-Mail Address: _____
e-mail is our primary method of communication – please give us one that you use, if you have one.

New Members: If you have a USGA handicap, enter CLUB # and GHIN # _____
CLUB# GHIN#

MEMBERSHIP FEES - SEE INSTRUCTIONS BELOW

Membership Level - Choose ONE Tier by checking league(s) below and amt in middle column		Choose one Amt <u>Junior age 25 or under</u>	Notes
Tier I	Admin fees only – you must pay \$10 per league event played	\$70.00 (Regular) \$35.00 (Under 25)	ALA CARTE: You MUST pay \$10 for each league event you participate in. Pay in the Pro Shop on the day of the event.
Tier II	Admin + 1 League membership Which League (check one) Sat Wed18 Wed9	\$150.00 (Regular) \$75.00 (Under 25)	Includes fees for all regular league events for the ONE LEAGUE you choose. Check your league choice. Special events may require more fees.
Tier III	Admin + 2 League memberships Which Leagues (check two) Sat Wed18 Wed9	\$230.00 (Regular) \$115.00 (Under25)	Includes fees for all regular league events for the TWO LEAGUES you choose. Check your league choices. Special events may require more fees.
	Hole-in-One Insurance	\$5.00	All aces made during league events will split the pot evenly at the end of the season.
	Total Amount Remitted >		

Admin fee pays for handicap calculation, postage, USGA and MGA membership dues, and event prizes for Combo Tournament, Club Championship, Tournament of Champions, and other costs incurred by FHMC.

Note: Fox Hollow requires all Men's Club members to purchase a **Patron or Fox Club membership**.

Send check and completed application to:

Fox Hollow Golf Club
 4780 Palmgren Ln.
 St. Michael, MN 55376

- OR -

To pay with cash or credit card, bring this completed application to Fox Hollow Pro Shop

For Office Use Only

Amount collected for FHMC _____ **Collected by:** _____ **Date collected:** _____