



Membership Application

Full Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____ DOB _____

Occupation _____ Employer _____

Marital Status () Single () Married Spouse's Name _____ DOB _____

Children under 24 years of age:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

I, _____ hereby apply for membership at Martin Downs Country Club and Resort and agree to pay the required fees shown below:

___ Family Full Membership: \$5,000

___ Single Full Membership: \$3,500

___ Family Executive Membership: \$4,500

___ Single Executive Membership: \$3,250

___ Family Second Course Membership: \$4,350

___ Single Second Course Membership: \$3,250

___ Family Seasonal Membership: \$4,400

___ Single Seasonal Membership: \$2,800

___ Student Membership: \$1,200

___ Corporate Membership: \$8,500

___ Single Social Membership: \$750

___ Couple's Social Membership: \$1,000

___ Group up to 10 Social Membership: \$5000 Primary Member: _____

___ Group over 10 Social Membership: \$500 per person Primary Member: _____

Veterans, First Responders, and PGA Members receive 10% off on all membership offerings.



Payment Plan

- Pay in Full: I am enclosing 100% of the full amount to complete my application
- Quarterly Payment: I am enclosing 25% of the full amount and agree to pay the remaining in three equal installments due on or before February 1, 2022, May 1, 2022, and August 1, 2022.
- Monthly Payment: I am enclosing payment for the month of November and agree to pay the remaining in eleven equal installments due on or before the first of each month, starting December 1, 2021 and ending October 1, 2022.
- I will be paying an additional \$1000 to ensure 2021 membership pricing for the 2022/2023 season.

Credit card payments will incur a 2.5% credit card fee.

All quarterly and monthly payments must be billed to a credit card.

All membership payments will incur a 6.5% sales tax

I will be paying with:

- Cash
- Check
- Credit Card

Credit Card On File Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us.

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security Code (CVC): _____

I, _____, authorize Martin Downs Country Club and Resort to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature _____

Date _____