



Pay dues in full by noon  
 Dec. 24 to be eligible for  
 fabulous prizes!

# Marquette Golf Club

1075 Grove Street, Marquette, MI 49855

(906) 225-0721

[officeadmin@golfgreywalls.com](mailto:officeadmin@golfgreywalls.com)

[www.golfgreywalls.com](http://www.golfgreywalls.com)

## 2019 Membership Application Form

### Member Details

Full Name	Birthdate	Phone
Full Name	Birthdate	Phone
Address (Including Postal code)	Email	
	Email	
<b>Additional Family</b>		
	Name	D.O.B
If a new member, were you referred by another member? If so, who referred you?	Name	D.O.B
	Name	D.O.B

#### CLASSIC HERITAGE COURSE:

- Single - \$1065
- Single Senior\* - \$965
- Single under 35\* - \$765
- Couple - \$1420
- Couple Senior\* - \$1285
- Couple under 35\* - \$1055
- Add child under 18 - \$105 (parent a member)
- MS/HS Student - \$200
- FT College Student - \$415 (12+ credit hours with proof)
- Dep College Student - \$310 (parent a member)

#### GREYWALLS/HERITAGE COURSE COMBINED:

- Single - \$1745
- Single Senior\* - \$1575
- Single under 35\* - \$1230
- Couple - \$2455
- Couple Senior\* - \$2215
- Couple under 35\* - \$1805
- Spouse on Heritage - \$400
- Add child under 18 - \$155 (parent a member)
- MS/HS Student - \$335
- FT College Student - \$540 (12+ credit hours with proof)
- Dep College Student - \$410 (parent a member)

\*Children 10 and under free with parent

\*Senior rate applies to those 70+ years of age as of 12/31/18. Under 35 rate applies if 35 or under as of 12/31/18.

\*If only one-half of couple is a senior or under 35, please call office for rate calculation.

<b>CLUBHOUSE DUES: (must choose one-required at time of purchase)</b>	<input type="checkbox"/> Single - \$175	<input type="checkbox"/> Couple - \$300
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<b>CART FEES:</b>	<input type="checkbox"/> Single Lease - \$615	<input type="checkbox"/> Couples Lease - \$820
<input type="checkbox"/> Private Cart Usage - \$210	<input type="checkbox"/> Trail Fee - \$415	<input type="checkbox"/> Electric Cart Storage - \$600
		<input type="checkbox"/> Gas Cart Storage - \$545

<b>DRIVING RANGE:</b>	<input type="checkbox"/> Single - \$200	<input type="checkbox"/> Couple - \$275	<input type="checkbox"/> Family - \$350
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<b>EXTRA OPTIONS:</b>	<input type="checkbox"/> Bag Storage - \$75	<input type="checkbox"/> Small Locker Rental - \$25	<input type="checkbox"/> Large Locker Rental - \$45
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#### ANNUAL BENEFIT PLAN:

- \$150 per household for **2015-2017 NEW Plan** participants
  - \$200 per household for all other Annual Benefit Plan participants
- Plan Includes choice of:  2 Guest Rounds on Greywalls    **or**     4 Guest Rounds on Heritage
- and** choice of:  Locker Rental    **or**     Bag Storage
- **Pro-Shop merchandise at 20% over cost**
  - **Two-week advance tee time privileges**

**TOTAL MEMBERSHIP CHARGES**

SAVE SAVE SAVE! - Deduct \$50.00 if membership submitted by Feb. 28, 2019 and either paid in full or with established payment plan. (Does not apply to student rates)

\*Must be paid in full at time of registration or be set up on an ACH or credit card monthly payment plan of equal monthly installments to pay off total balance no later than 12/01/19. There will be no exceptions. Payment plan information and signature required on reverse side.

# 2019 Monthly Payment Plan Request

*Individuals enrolling in the Marquette Golf Club Monthly Payment Plan will have their account or credit card charged on the 1st of each month. A \$5.00 monthly processing and service fee will be added for accounts that are set up using the ACH payment plan or credit card payment plan.*

## ACH Payment Plan

Name		Phone Number	
<b>Banking Information:</b>			
Bank Name	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Account Number	Routing Number		
Authorized Amount plus monthly fees	Start Date	End Date	Monthly Bill

*Please Sign Below*

## Credit Card Payment Plan

### Credit Card Information:

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number:	Expiration Date:	*CCV Code/CID	

### Type of Account

<input type="checkbox"/> Debit	<input type="checkbox"/> Credit	*CCV (Card Code Verification on back of card) or AMEX 4 Digit CID (Certification # on front of card)
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Cardholders Name as it Appears on the Card:			
Cardholders Phone:			
Authorized Amount plus monthly fees	Start Date	End Date	Monthly Bill

*Please Sign Below*

- A \$5.00 monthly processing and service fee will be added for accounts that are set up using the ACH payment plan/Credit card payment plan.
- Members are responsible, and will be charged accordingly, for any fees/charges incurred by MGC due to insufficient funds.
- Cancellation of payment plan may be granted for issues involving physical illness and/or injury sustained prior to June 1st. Cancellation requests must be accompanied by a physician's documentation that explains both the issue and duration the applicant will be affected. No cancellation request will be considered after June 15th.

***I hereby authorize Marquette Golf Club to charge the credit card or bank account indicated in this authorization form and that I am the authorized holder and signer of listed credit card. I certify that all information is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed in the "Total Authorized Amount" field. If additional charges are going to be authorized a new form will have to be completed.***

Signature: <input style="width: 500px; height: 25px;" type="text"/>	Date: <input style="width: 150px; height: 25px;" type="text"/>
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### Membership is offered under the following:

- Applying for membership requires you to select the course and corresponding clubhouse dues at the time of purchase. (Single or Couple).
- Applying for membership status at the Marquette Golf Club gives you access to the award-winning Greywalls and/or the classic Heritage golf courses. Your membership includes unlimited golf for all of the 2019 season.
- Refunds may be granted for issues involving physical illness and/or injury sustained prior to June 1st. Refund request must be accompanied by a physician's documentation that explains both the issue and duration the applicant will be affected. No refund request will be considered after June 15th. If a refund is granted, it will be issued in the form of credit to be applied to the applicant's next season dues.

***I agree to abide by the Rules and Regulations of the Club***

Signature: <input style="width: 500px; height: 25px;" type="text"/>	Date: <input style="width: 150px; height: 25px;" type="text"/>
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### For office use only

Date Application Received	Date Processed	Payment Received
Cart Barn/Stall (if applicable)	Member #	