



Pay by Cash or Check and SAVE \$\$\$

Marquette Golf Club
1075 Grove Street, Marquette, MI 49855
(906) 225-0721
officeadmin@golfgreywalls.com
www.golfgreywalls.com

2020 National Membership Application Form

Member Details

Full Name Birthdate Phone
Full Name Birthdate Phone
Address (Including Postal code) Email
Additional Family (dependent children up to age 24)
Name D.O.B
Where did you hear about us or who recommended you to join us? Name D.O.B

Are you a member at another golf club? Yes No

If yes, please list club/clubs here:

GREYWALLS/HERITAGE COURSE COMBINED:
Single - \$440 Couple - \$645 Family - \$850

CLUBHOUSE OR PRO SHOP DUES\* : (must choose one)
Clubhouse Single - \$75 Pro Shop Single - \$75
Clubhouse Couple - \$125 Pro Shop Couple - \$125

CART FEES:
Single Lease - \$235 Couples Lease - \$375

DRIVING RANGE:
Single - \$50 Couple - \$100 Family - \$175

Membership is offered under the following guidelines:
• Applying requires you to select the corresponding clubhouse or pro shop dues/credit at the time of purchase.
• Applying for membership under the national status gives you full golfing privileges...
• There are no monthly assessment obligations.
• This level of membership does not include voting privileges
• Eligibility for individuals/couples/families whose primary residence is 50 miles or greater from Marquette Golf Club...
• Refunds may be granted for issues involving physical illness and/or injury sustained prior to June 1st.

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
\*\*Any membership fees and related charges paid with a credit card will incur a 3.0% processing fee.

\*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 12/01/20. There will be no exceptions. See reverse side.

Do you want or need a membership card printed? YES NO

## 2020 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 fee will be added for ACH payment plans. Credit card payments will be charged a 3.0% processing fee per payment.**

### 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 \$5.00/month processing fees	Start Date	End Date	Monthly Payment

*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
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\*CCV (Card Code Verification on back of card) or AMEX 4 Digit CID (Certification # on front of card)

Cardholders Name as it Appears on the Card:			
Cardholders Phone:			
Authorized Amount plus card processing fees	Start Date	End Date	Monthly Payment

*Please Sign Below*

- Processing fees as outlined above 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. Extenuating circumstances may apply and will be reviewed on a case-by-case basis.

**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 type="text"/>	Date:	<input type="text"/>
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<b>I agree to abide by the Rules and Regulations of the Club</b>			
Signature:	<input type="text"/>	Date:	<input type="text"/>

#### For office use only

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