

1075 Grove Street, Marquette, MI 49855 (906) 225-0721

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www.golfgreywalls.com

2025 Membership Form

Member Details							
Member Name	Birthdate		Phone				
Member Name	Birthdate		Phone				
Address (Including Postal code)		Emai					
		Emai					
		Additional Family (if joining)					
		Name	2	D.O.B			
If a new member, were you referred by another member?		Name	2	D.O.B			
Who referred you?		Name		D.O.B			
CLASSIC HERITAGE COURSE:		GRE	YWALLS/HERITAGE COURSE COMBIN	IED:			
Single - \$1120			Single - \$1830				
Single Senior* - \$1015			Single Senior* - \$1660				
Single under 35* - \$805			Single under 35* - \$1290				
Couple - \$1490			Couple - \$2580				
Couple Senior* - \$1350			Couple Senior* - \$2325				
Couple under 35* - \$1110			Couple under 35* - \$1900				
Add child under 18 - \$115 (parent/gr	andparent a member)		Spouse on Heritage - \$420				
Middle/High School Student - \$210		Ц	Add child under 18 - \$165 (parent/grand	parent a member)			
FT College Student - \$435 (12+ credit	hours with proof)	Ш	Middle/High School Student - \$350				
Dep College Student - \$330 (parent/g	grandparent a member)	Щ	FT College Student - \$570 (12+ credit ho	urs with proof)			
			Dep College Student - \$435 (parent/gran	idparent a member)			
*Children 10 and under as of 12/31/2	4 free with parent mem	bersh	nip.				
*No charge on Heritage for children under 18 if a participant of MCJGA and parent is a MGC member.							
*Senior rate applies to those 70+ years of age as of 12/31/24. Under 35 rate applies if 35 or under as of 12/31/24.							
*If only one-half of couple is a senior or under 35, please call office for rate calculation.							
CLUBHOUSE DUES: (must choose one-req	uired at time of purchase)		Single - \$175 Co.	uple - \$300			
Do you want or need a member	ship card printed?		YES)			
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CART FEES: (must choose one)	*Family includes up to (2) parents/grandparents and children age 22 and under.							
Cart Lease - Single -\$635	j		Designated Private Cart Usage - Single - \$350					
Cart Lease - Couple/Family - \$845		Designated F	Designated Private Cart Usage - Couple/Family - \$455					
*AVAILABLE TO EXISTING PRIVA	TE CART HOLDERS ONLY	Designate private	e cart owner:					
*Gas Private Cart - Single - \$575	5							
*Gas Private Cart - Couple/Family - \$695			Pay as you go - If you do not own or lease, you will be charged the applicable cart fee for each and every time that					
*Electric Private Cart - Single - \$	6625	_	you are on the tee sheet and riding in a cart, whether in a MGC					
*Electric Private Cart - Couple/F	cart or a priv	cart or a private cart. (Walking always permitted at no charge.)						
**AVAILABLE TO EXISTING TRAI		2025 Cart Rental Fees						
**Trail Fee Only - Single - \$425 **Trail Fee Only - Couple/Famil	Greywalls: Heritage:							
DRIVING RANGE:	Single - \$210	Couple - \$29	90	Family - \$370				
EXTRA OPTIONS:	Bag Storage - \$75	Locker Rent	al - \$45 (limited avail	lability/FCFS)				
EXTRA OPTIONS: Bag Storage - \$75 Locker Rental - \$45 (limited availability/FCFS)								
\$250 per household • Golf Shop merchandise at 20% over invoice cost • Two-week advance tee time privileges Plan Includes choice of: and choice of: Locker Rental-limited avail/FCFS or • Golf Shop merchandise at 20% over invoice cost • Two-week advance tee time privileges 4 Guest Rounds on Heritage Bag Storage								
TOTAL OF ALL MEMBERSE CHARG		submitted by	unt \$50.00 if members Feb. 29. (Does not ap rates or new member specials.)					
*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 12/01/25. There will be no exceptions.								
Members are responsible, and will be		charges incurred by N	MGC due to insufficient	funds.				
 Membership is offered under the following: Applying for membership requires you to select the course, cart option & corresponding clubhouse dues at the time of purchase. (Single/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 2025 season. 								
• Credits may be granted for physical illness / injury sustained prior to July 1st. Credit requests must be accompanied by physician documentation explaining the issue and duration of the disability. Credit requests are not considered after July 15th. Extenuating circumstances are reviewed on a case-by-case basis. Credits granted are applied to applicant's future dues.								
I agree to abide by the Rules and Regulations of the Club								
Signature: Date:								
For office use only								
Date Application Received	Date Processed		Payment Received					

2025 Monthly Payment Plan Request								
Member Name								
INICITIDE INATTIE								
Individuals enrolling in the Marquette Golf Cluthe 1st of each month. A \$5.00 monthly proce				credit card charged on				
ACH Payment Plan								
Account Holder Name	Phone f	Number						
Banking Information:								
Bank Name	Checking Account Savings Account							
Account Number	Routing Number							
. Authorized Amount plus \$5.00/month processing fees	Start Date (1st of the month)	End Date		Monthly Payment				
Please Sign in Box Below								
Credit Card Payment Plan								
Credit Card Information:								
Visa MasterCard	Disco	over		American Express				
Card Number:	Expirati	on Date:	*CCV	' Code/CID				
Type of Account				V (Card Code Verification on back of				
Debit Credit			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 (1st of the month)	End Date		Monthly Payment				
Please Sign in Box Below								
• 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 physical illness / injury sustained prior to July 1st. Cancellation requests must be accompanied by physician documentation explaining the issue and duration of the disability. Cancellation requests are not considered after July 15th. Extenuating								
circumstances are 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:	join will have to be comp		Date:					
5,5,1444161			Dutc.					