



2025 National Membership Form

Marquette Golf Club

1075 Grove Street, Marquette, MI 49855

(906) 225-0721

officeadmin@golfgreywalls.com

www.golfgreywalls.com

Member Details

Member Name	Birthdate	Phone
Member Name	Birthdate	Phone
Address (Including Postal code)		Email
		Email
Additional Family (dependent children up to age 20)		
Name		D.O.B
Name		D.O.B
Name		D.O.B

Are you a member at another golf club? ☐ Yes ☐ No

If yes, please list club/clubs here:

GREY WALLS/HERITAGE COURSE COMBINED:

☐ Single - \$600 ☐ Couple - \$750

CLUBHOUSE OR PRO SHOP DUES* : (must choose one)

*Available to you to use in the form of credit

<input type="checkbox"/> Clubhouse Single - \$75	<input type="checkbox"/> Pro Shop Single - \$75
<input type="checkbox"/> Clubhouse Couple - \$125	<input type="checkbox"/> Pro Shop Couple - \$125
<input type="checkbox"/> CART FEES: <input type="checkbox"/> Single Lease - \$350	<input type="checkbox"/> Couples/Family Lease - \$455 <input type="checkbox"/> Pay applicable cart charges
<input type="checkbox"/> DRIVING RANGE: <input type="checkbox"/> Single - \$55	<input type="checkbox"/> Couple - \$105 <input type="checkbox"/> Family - \$180

Membership is offered under the following guidelines:

- Applying requires you to select your cart option and 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 (excluding club member events) to play the award-winning Greywalls golf course as well as the classic Heritage course.
- 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 and who do not reside within the stated radius for more than 30 days from April 1st through October 31st. (LIMITED TO 75 MEMBERSHIPS)
- Credits may be granted for physical illness / injury sustained prior to July 1st. Credit request 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.

ANNUAL BENEFIT PLAN: (optional)

☐ \$250 per household

Plan Includes choice of: ☐ 2 Guest Rounds on Greywalls **or** ☐ 4 Guest Rounds on Heritage
and choice of: ☐ Locker Rental **or** ☐ Bag Storage

- Golf Shop merchandise at 20% over invoice cost
- Two-week advance tee time privileges

TOTAL MEMBERSHIP CHARGES

**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. See reverse side.*

Do you want or need a membership card printed?

☐ YES

☐ NO

2025 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.

ACH Payment Plan

Name		Phone Number	
Banking Information:			
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			*CCV (Card Code Verification on back of card) or AMEX 4 Digit CID (Certification # on front of card)
<input type="checkbox"/> Debit	<input type="checkbox"/> Credit		
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			
<ul style="list-style-type: none">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 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:	<input type="text"/>	Date:	<input type="text"/>
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I agree to abide by the Rules and Regulations of the Club

Signature:	<input type="text"/>	Date:	<input type="text"/>
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For office use only

Date Application Received	Date Processed	Payment Received
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