



2019 MEMBERSHIP APPLICATION



Name: _____ Member # _____ Birth Date: ____/____/____
 Spouse: _____ Member # _____ Birth Date: ____/____/____
 Address: _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 E-Mail: _____

2019 RATES *Rates are Eligible for Member Guest Punch Card (Please Make an Appointment w/ Chris)

Full Member	AMOUNT	TAX	BALANCE
Corporate.....	\$ 4,250.00.....	\$ 238.43.....	\$ 4,488.43
Individual*	\$ 1,075.00.....	\$ 60.74.....	\$ 1,135.74
Senior (Over 62)*	\$ 850.00.....	\$ 48.02.....	\$ 898.02
Student (16 - 24)*	\$ 530.00.....	\$ 29.95.....	\$ 559.95

Additional Family Members (Full Members)

Add Spouse*.....	\$ 470.00.....	\$ 26.55.....	\$ 496.55
Add child under 18	\$ 200.00.....	\$ 11.30.....	\$ 211.30

Weekday Member	AMOUNT	TAX	BALANCE
Individual*	\$ 830.00.....	\$ 46.90.....	\$ 876.90
Senior (Over 62)*	\$ 650.00.....	\$ 36.73.....	\$ 686.73
Student (16 - 24)*	\$ 425.00.....	\$ 24.01.....	\$ 449.01
WB High School Golf Team	\$ 250.00.....	\$ 14.13.....	\$ 264.13

Additional Family Members (Weekday Members)

Add Spouse*.....	\$ 360.00.....	\$ 20.34.....	\$ 380.34
Add child under 18	\$ 150.00.....	\$ 8.47.....	\$ 158.47

Annual Cart Membership	AMOUNT	TAX	BALANCE
Individual Adult (Additional Riders Pay).....	\$ 500.00.....	\$ 28.25.....	\$ 528.25
Individual Sr. (Over 62) /Student (18-24)	\$ 395.00.....	\$ 22.32.....	\$ 417.32
Spouse	\$ 200.00.....	\$ 11.30.....	\$ 211.30
Cart Storage	\$ 500.00.....	\$ 28.25.....	\$ 528.25

Membership Additions

- **Account Credit can be purchased 11.1 - 3.1 (CAN'T BE USED TOWARDS DUES OR EXISTING ACCOUNT DEBT)**
 - ◇ Clean up old account & for every purchase of \$100.00 prior to 12.1 & receive \$120 - Quantity _____ Cost \$ _____ Total \$ _____
 - ◇ Clean up old account & for every purchase of \$100.00 after 12.1 & receive \$115 - Quantity _____ Cost \$ _____ Total \$ _____
- WSGA Handicap for Season (Must Have WSGA Handicap to Play in Club Championship) \$ 30.00
- WSGA Handicap for Season + Club Championship Entry \$ 45.00

-----WEST BEND LAKES STAFF-----

Date Paid: ____/____/____ Payment \$ _____ Received By: _____
 Check #: _____ MC/VISA/DISCOVER #: _____ Expires: ____/____
 Account Charge Transaction #: _____ Account Payment Transaction #: _____