



2020 Membership Application

Date _____

Authorized By _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

MEMBER IN 2019 YES NO **EXISTING GHIN** YES NO # _____ CLUB _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

E-mail: _____

PLEASE CHECK THE APPROPRIATE MEMBERSHIP & CIRCLE THE PAYMENT PLAN YOU ARE PURCHASING

		<u>Senior</u> <u>Rate</u>	
Full Memberships			
<input type="checkbox"/> INDIVIDUAL	\$1750.00	\$1400.00	_____
<input type="checkbox"/> FAMILY (Includes children/grandchildren under age 17)	\$2600.00	\$2050.00	_____
<input type="checkbox"/> COLLEGE (Full Time Student ID Required)	\$ 625.00		_____
<input type="checkbox"/> YOUNG ADULT (Ages 18-39)	\$1050.00		_____
<input type="checkbox"/> JUNIOR (Ages 17 and under)	\$ 300.00		_____
Weekday Memberships			
<input type="checkbox"/> INDIVIDUAL	\$1450.00	\$1325.00	_____
<input type="checkbox"/> FAMILY (Includes children/grandchildren under age 17)	\$2050.00	\$1950.00	_____
Twilight Memberships			
<input type="checkbox"/> Twilight (After 1pm)	\$1300.00	\$1250.00	_____
Tri Golf Privileges	\$ 750.00		_____
Cart Memberships			
<input type="checkbox"/> INDIVIDUAL	\$ 950.00		_____
<input type="checkbox"/> WEEKDAY	\$ 850.00		_____
<input type="checkbox"/> FAMILY (Includes children/grandchildren under age 17)	\$1500.00		_____
Driving Range Memberships			
<input type="checkbox"/> INDIVIDUAL MEMBER	\$ 400.00		_____
<input type="checkbox"/> NON-MEMBER	\$ 499.00		_____
2020 GHIN Handicap	\$ 35.00		_____

TOTAL DUE _____

TOTAL PAID _____

Payment Method: Cash Check MasterCard Visa Discover

I / We acknowledge by signing below that I / We have read and understand all the information in the 2020 Pembroke Pines Country Club information package. (All adults joining must sign below before application can be accepted.)

Signature

Signature