

(802)372-9600 golf@appleislandresort.com

## **2022 GOLF MEMBERSHIP APPLICATION**

Member 1: Name:			Cell Phone:	
Email:				
Member 2: Name:			Cell Phone:	
Email:				
Member 3: Name:				
Email:				
Member 4: Name:			Cell Phone:	
Email:				
Address:			_ Home Phone:	
Number & Street	Cit	ty, State, Zip Code		
Mailing Address:				
(if different) Number & Street	Cit	ty, State, Zip Code		
In Case of Emergency, Contact:			Phone:	
			☐ Ce	ell
MEMBERSHIP TYPE (Subject to 6% Vermont Sales Tax)	PRICE			
☐ Seasonal (Single Person)	\$580.00+tax			
☐ Seasonal (2-Person*)* *2 people living in same househ				
Seasonal (Family**)*  **up to 4 people living in same h				
		☐Membersh	nip Card Received	
Signature – #1				
Circoture #0		☐Membersh	nip Card Received	
Signature – #2				
Signature – #3		∐Membersh	nip Card Received	
		□ Membersk	nip Card Received	
Signature – #4			iip Gaid Received	
OFFICE USE ONLY				
Date:	MEMBERSHIP #			
Verified By:	Laminated Membership Card Issued:			
Payment Received: \$[	☐ Cash ☐ Che	ck #	□ Visa □ Ma	,
Receipt Attached	<del>_</del>			