

APPLE ISLAND GOLF COURSE PO Box 183 • 71 US Route 2 South Hero, VT 05486

(802)372-9600 golf@appleislandresort.com

2024 GOLF MEMBERSHIP APPLICATION

Member 1: Name:	Cell Phone:
Email:	
Member 2: Name:	Cell Phone:
Email:	
Member 3: Name:	
Email:	
Member 4: Name:	
Email:	
Address:	Home Phone:
Number & Street	City, State, Zip Code
Mailing Address:	
(if different) Number & Street	City, State, Zip Code
In Case of Emergency, Contact:	Phone:
	Cell Home Work
MEMBERSHIP TYPE PRICE	RESIDENT 10%
(Subject to 6% Vermont Sales Tax) Seasonal (Single Person)	DISCOUNT
Seasonal (2-Person*) \$1,040.00+tax *2 people living in same household	\$936.00+tax
Seasonal (Family**) \$1,365.00+tax	\$1228.00+tax
**up to 4 people living in same household	
	_ _ Membership Card Received
Signature_#1	
	Membership Card Received
Signature_ #2	
0	_
Signature_#3	
Signature_#4	_ □Membership Card Received
-	
OFFICE USE ONLY	
Date:	MEMBERSHIP #
Verified By:	Membership Card Issued:
(Name)	(Date)
Payment Received: \$Cash □Ch	eck # Credit Card

Rev'd. 12/11/23



2024 Individual Cart Plan "Trail Fee" Agreement

Resident Name:_____

Year: _____

Campsite:

Individual Cart Plan "Trail Fee" \$170.00/season/campsite

- Effective for the current season, May 15th October 15th.
- Payment must be received in full.
- The Trail Fee applies to those residents and their visitors who use their personal golf cart on the Apple Island Golf Course rather than walking or renting an Apple Cart from Apple Island Golf or Apple Island Resort.
- Any Guest or Visitor (not falling under the Trail Fee Agreement or the Seasonal Golf Membership) accompanied by the Trail Member in their personal cart must pay applicable Green Fees.

- Trail Fee participants must abide by all Cart Rules and Club Policies.
- Actions resulting in misconduct or abuse of privileges may have Trail Rights and Privileges revoked at any time without refund.
- Apple Island Resort cannot be held responsible for any damage incurred to the personal golf cart.

Trail Fee participants on the campsite listed above agree to abide by the policies set forth.

Resident Signature

Print Name

Date

OFFICE USE ONLY

Date:		MEMBERSHIP #
Verified By:		Membership Card Issued:
	(Golf Staff Name)	
Payment Received: \$		_ □ Cash □ Check #_ □ Credit Card