



**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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Member 4: Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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 (Subject to 6% Vermont Sales Tax)	PRICE	RESIDENT 10% DISCOUNT
___ Seasonal (Single Person) .....	\$650.00+tax .....	\$585.00+tax
___ Seasonal (2-Person*) .....	\$1,040.00+tax .....	\$936.00+tax
*2 people living in same household		
___ Seasonal (Family**) .....	\$1,365.00+tax .....	\$1228.00+tax
**up to 4 people living in same household		

\_\_\_\_\_  
Signature\_ #1  Membership Card Received

\_\_\_\_\_  
Signature\_ #2  Membership Card Received

\_\_\_\_\_  
Signature\_ #3  Membership Card Received

\_\_\_\_\_  
Signature\_ #4  Membership Card Received

**OFFICE USE ONLY**

Date: \_\_\_\_\_  
Verified By: \_\_\_\_\_  
(Name)

**MEMBERSHIP #** \_\_\_\_\_  
Membership Card Issued: \_\_\_\_\_  
(Date)

Payment Received: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Credit Card

