



Social Membership Agreement

MEMBERSHIP INFORMATION:

Address must be the same as the billing address for the credit card. PLEASE PRINT LEGIBLY.

Name: _____ Today's Date: _____

Address: _____ Suite/Apt. #: _____

City: _____ State: _____ Zip: _____

E-mail: _____

of Primary Family Members: _____ Daytime Telephone: _____

FULL SOCIAL MEMBERSHIP

Monthly

Family

\$39

Total Club – PLP Add On

\$15 Social + \$49 PLP = \$64.00 per month

- **50% off** all food menu items for lunch and dinner
 - Discount extends to Member's Guests only when included on a single check.
 - Discount does NOT extend to multiple non-member tickets.
- Daily Happy Hour Specials
- Preferred discounts on Wine offerings
- Monthly Exclusive Social Events
- Golf Practice Facilities, Unlimited Range Balls and Weekly Instructional Golf Clinics

PRIMARY MEMBER:

Name: _____ Date: _____

ADDITIONAL FAMILY MEMBERS:

Each family member must be of the immediate family, residing at the address above. Children are eligible to be included in your Family of Social Members up to the age of 23. Anyone over the age of 23 will be considered a guest of the Member unless they purchase their own Membership.

Name of addition: _____ Name of addition: _____

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