**Membership Application**

The undersigned hereby applies for a Membership at Lost Key Golf Club (the "Club"}.

MEMBER INFORMATION

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TERMS AND CONDITIONS FOR

Types of Membership.

Billed monthly

Initiation Fee and Dues Includes:

***Single*** $2000 + tax $270 + tax Unlimited Greens Fees and Range Balls Daily

***Single Transferable*** $2000 + tax $295 + tax Unlimited Greens Fees and Range Balls Daily

***Family*** $2000 + tax $345 + tax Unlimited Greens Fees and Range Balls Daily

***Family Transferable (2 people)*** $2000 + tax $370 + tax Unlimited Greens Fees and Range Balls Daily

***Young Executive Single*** $1500 + tax $245 + tax Unlimited Greens Fees and Range Balls Daily

***Young Executive Family (2 People)*** $1500+ tax $310 + tax Unlimited Greens Fees and Range Balls Daily

***Introductory*** $750 + tax $195 + tax Unlimited Greens Fees and Range Balls Sun-Tue

***Introductory Family (2 People)*** $750 + tax $270 + tax Unlimited Greens Fees and Range Balls Sun-Tue

***Corporate*** $5500 + tax $470 + tax Unlimited Greens Fees and Range Balls Daily

***Private Golf Cart*** $0 $125 + tax See Agreement

\*Member is responsible for Cart Fee of $24 + tax per person unless Private Golf Cart Agreement signed

\*The monthly Food and Beverage Minimum is $60.00 PER PERSON, $30.00 PER PERSON for Transfer Members

I hereby apply for the following Membership at Lost Key Golf Club:

Membership Type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Dues: \_\_\_\_\_\_\_\_\_\_\_\_\_Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL DUE: Monthly Billing Start Date: \_\_\_\_\_\_\_\_\_

\*Please make checks payable to GPD-GC, LLC.

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_