

Membership Application

Primary Account Holder Information

Name: _____

E-Mail: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Plan (Circle One)
Individual Family Corporate
\$200/month \$325/month \$350/month
(Trail Fee: \$40/month)

Member 2: _____ Member 4: _____

Member 3: _____ Member 5: _____

Billing Information

Card Number: _____

Expiration Date: _____ CVV: _____

Cardholders Signature: _____

By signing above, I hereby allow Atascocita Golf Club to bill the aforementioned card on a monthly basis for membership purposes. I understand that I may cancel my membership with a minimum 30 day advance notice. Failure to give the required notice may result in fees to the aforementioned card. I fully understand and accept the fees associated with my account.

If you have any questions, contact our office
accounting@atascocitagolfclub.com
(281)-812-6243 EXT -2

