

2021 Membership Application

Primary Account Holder Information

Name: _____
E-Mail: _____
Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Starting Date: _____

Membership Plan (Circle One)

PDP	Weekday	Individual	Family
\$40/month	\$150/month	\$250/month	\$350/month

PDP Initiation Fee \$50
Wkday-Ind.-Fam. Initiation Fee \$100

Cart Plan or Personal Cart Trail Fee: \$50/month (excluding PDP)

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 Business office
accounting@atascocitagolfclub.com
(281)-812-6243 EXT -2

