

2022 Membership Application

Primary Account Holder Information

Name: _____

E-Mail: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Starting Date: _____ AGC Staff: _____

Membership Plan (check boxes)

PDP \$50/month Weekday \$150/month Individual \$250/month Family \$350/month

Cart Plan or Personal Cart Trail Fee: \$75/month (excluding PDP)

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

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

