



**The Providence Club**  
**Membership Application**

Date Entered	_____
Amount Paid	_____
Employee	_____

If referred by a member, please list their name: \_\_\_\_\_

**I WISH TO ENROLL IN THE FOLLOWING MEMBERSHIP TYPE:**

Standard Membership (\$125.00/month, \$250.00 initiation fee and \$17.00 cart fee for each day played)

Premium Membership (\$220.00/month, no initiation fee and \$0.00 cart fee for each day played)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Dependent Children-Must Be Under 21**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

By signing and dating below you agree to remain a member for at least one year after which time you can resign by providing the club with 30 days written notice. . You agree you are responsible for all dues and applicable fees during the 30-day notice period. At the end of each year, failure to cancel your membership is acknowledgement on your behalf to extend your membership for one additional year. By signing below you also agree to follow all rules and regulations set forth on the following pages.

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your support!  
Kind Regards  
Eric Hammond, GM