

APPLICATION FOR MEMBERSHIP (2024)

I wish to apply for membership to The Highland Golf Club of Shelton, Incorporated. It is my understanding that should I be accepted as a member, I agree to comply with the by-laws and regulations of the Corporation; I will be billed for all dues, fees and taxes applicable.

ANNUAL MEMBER	SHIP LEVELS / FEES (CHECK APPROP	RIATE BOX BELOW)	:	
 ☐ Individual ☐ Individual Family ☐ Junior Age 28-35 ☐ Junior Age 28-35 Family 	\$4050 \$4538 \$3043 \$3401	☐ Junior Age 24-27 ☐ Junior Age 24-27 Family ☐ Junior Age 18-23 ☐ House		\$2494 \$2783 \$2066 \$ 365	
Monthly Payment plans are available. The following is submitted on				an promotions	
Full Name:					
Address:					
City:		State:	Zip:		
Phone:	Email:				
Employer:					
Employer's Address:					
Date of Birth:	Date of Birth: Marital Status:				
Names of family members if a	applying for Active Fami	ly (children must be	e under 21, please inclu	ide birthdate):	
	<u>APPLICANT</u>	'S SIGNATURE			
Print Name	Sign		Date	e	
This application must be signed any active members, the mem Active Members to serve as y	bership committee, after	an initial review of	your application, will		
Print Name	(1)	Print NameRuss Al	braham	<u>(</u> 2)	
Sign	(1)	Sign		(2)	
Date	(1)	Date		(2)	

Return your completed application in person to the Highland Golf Club, or via email to Russ Abraham - Membership Director, at russabraham57@gmail.com