



2014 Membership Application Form

Membership Type: Single ___ Couple ___ Family ___ Junior ___ Monthly ___

Seasonal Cart Fee (optional): Power Cart ___ Trail Fee (use of own power cart) ___

Name: Last First

Address

City State Zip Code

()

Phone E-Mail Address

Cash () Check () # Credit Card () #

Signature Date

Name: Last First

Address

City State Zip Code

()

Phone E-Mail Address

Cash () Check () # Credit Card () #

Signature Date

Please mail your completed application along with payment to: Post Office Box 10 Northport, MI 49670