

2022
Golf Membership
Application

ALPINE VALLEY

RESORT

W2501 County Road D, Elkhorn WI 53121

(262) 642- 3934

Application Type: check one
 Unlimited with Cart
 Family Unlimited with Cart
 Junior Walking
 Twilight
 Monthly: _____

All golf memberships are non-transferrable and require a valid driver's license. Memberships are valid from date of payment. Memberships include Unlimited Greens Fee Riding Golf Cart, Guest Discounts: Each guest receives \$5 off, up to 3 guest per visit, must check in with member, 20% off all Pro Shop Merchandise

First Name _____ Last Name _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

ADDITIONAL FAMILY FIRST NAME	DOB: MON/DAY/YR	PASS NO	PASS REC'D
1			
2			
3			
4			

Rate Schedule

Family memberships include Individual, Spouse and Junior Members still living at same address Children under the age of 12 golf for free with purchase of an adult membership

Unlimited with Cart	\$1250
Family of 2 Unlimited with Cart	\$1950
Each Additional Family Member Unlimited with Cart	\$525
Twilight (Seasonal Twilight hours apply)	\$850
Junior Walking	\$300
One Month (Starts 1 st of month lasts until end of month)	\$250

Type of Payment (circle one) Check # _____ Cash Visa MasterCard American Express Discover Date _____
 Amount Paid \$ _____ Driver License # (if paying by check) _____
 Credit Card Number: _____ Exp. Date: _____ 3-digit Code: _____
 Authorized Signature: _____

Any member may have their membership revoked or suspended or may be asked to leave the premises for any of the following but not limited to; physical or verbal abuse, destruction of club property, commission of lewd or unlawful activity

of the grounds, violation of club policies or rules or any conduct that detracts from management's right to manage the facility and preserve the integrity of Alpine Valley Resort.

By signing below, I understand and accept the terms and conditions of the Alpine Valley Resort Golf Membership and understand that it is my responsibility to make all my guests aware of and accept these terms as well. I further waive any rights to hold harmless any management or its designated representative in case of any personal injury on the grounds of Alpine Valley Resort.

Signature: _____ Date: _____

Print Name: _____ Member Number: _____

Physical Address: W2501 County Road D, Elkhorn WI 53121 Mailing Address: P.O. Box 615, East Troy WI 53120
Phone: 262-642-7374 or 1-800-227-9395 Fax: 262-642-9873 www.alpinevalleyresort.com