

Arbuckle Golf Club  
Membership Application

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Children: \_\_\_\_\_

---

Complete membership privileges begin upon full payment of initiation fees/dues, subject to the approval of the Membership Committee and the Board of Directors of the Arbuckle Golf Club.

Please refer to the Arbuckle Golf Club "By-Laws", article IV, Membership for full details on the rights and responsibilities of Membership. \*\*\*Note: If in the future you elect to cancel your Membership, such cancelation will be effective on the first day of the month following receipt of your Letter of Cancelation. Monthly dues are due and payable until the Letter of Cancelation is received and accepted by the Board of Directors.

Initiation Fee: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

Monthly Dues: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ (Signature of active AGC Voting Member)

Sponsored by: \_\_\_\_\_ (Signature of active AGC Voting Member)

---

Approval:

Membership Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---