

High Plains Recreation Association, Inc., d/b/a Indian Hills Golf Course

Member Data Sheet and Acknowledgement

Date: _____

Type of Membership: Family _____ Couple _____ Single _____ College _____ Junior _____

MEMBER INFORMATION		
Primary Member Name:		
Date of birth:	Phone:	E-mail:
Current address:		
City:	State:	ZIP Code:
GHIN No.:	GHIN Index:	
SPOUSE / FAMILY INFORMATION		
Spouse Name:		
Date of birth:	Phone:	E-mail:
No. Dependent Children Playing Golf:		
GHIN No.:	GHIN Index:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	
CART INFORMATION		
Gas Cart:	Electric Cart:	Trail:
Would you like to rent a cart shed space? *		Trail Pass:
Cart Make:	Model:	Color:
GOLF LEAGUE INFORMATION		
Do You Wish To Play In A League? Yes / No If yes, circle leagues and times of interest below:		
Men's Association	Women's Association	Junior Golf Program
Morning	Morning	Couples League
Afternoon	Afternoon	Other
Evening	Evening	
SIGNATURES		

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Primary Member Signature

I have read the Membership Agreement and I understand that continuation of my membership constitutes agreement with and acknowledgement of that Agreement. I hereby acknowledge the terms and conditions of the Membership Agreement and do hereby certify that the above information is true and complete.

X _____

Cart Space Rental Addendum

For safety and maintenance purposes, HPRAI must have access to all carts at all times. **You must furnish HPRAI with a copy of your cart key.** If you do not and it becomes necessary to move your cart, HPRAI will not be responsible for any damage to your cart or its contents caused by moving your cart by whatever means necessary. HPRAI recommends that you insure your golf cart and clubs.

X _____

I have read the Cart Space Rental Addendum and Membership Agreement, I understand and agree to their terms and conditions.

CLUB USE ONLY

Primary Member Name:

Member No.:	Shed and Cart Space No.:	Member Type:
Initiation Fee:	Membership Fee:	Maintenance Fee:
Cart Fee:	GHIN Fee:	GHIN No.:
Total Fees Due:	Fees Collected:	Payment Plan: Yes No
Cart Key On File:		
Date Paid:	Paid By: Check Credit Card Cash	Start Date: Mo. \$:
IHMGA Member:	IHWGA Member:	IHCGA Member:

Leagues Participating in:

Travel League:

League Partner Name(s)
