



Name _____

Address _____

Spouse Name (if applicable) _____

Telephone: Work _____
 Home _____
 Cell _____
 E-mail _____

Membership Classification (Please initial on the space provided type of membership applied for)

- _____ Membership Regular – Full Time
- _____ Membership Sr./Military – Full Time

- _____ Membership Regular – Weekdays Only
- _____ Membership Sr./Military – Weekdays Only

Method of Payment:

_____ Cash _____ Credit Card _____ Check

Add the following:

- _____ I would like to receive e-mail about promos and golf events/activities
- _____ I would like to subscribe to the club's newsletter

Birthday: Month _____ Day _____

Method of Payment :

_____ Cash _____ Check _____ Credit Card
_____ Annual Payment _____ Monthly Payment

If accepted to membership, I agree to abide by the Rules and Regulations of Blue Cypress Golf Club.

Signature _____ Date _____