

Hills of Lenawee Golf Club & Banquet Center

2024 Hills of Lenawee Golf Club Membership Application

Name _____ Birthdate _____

Spouse & Children (include birthdate of each) _____

Address _____

City, State, Zip _____

Email #1 _____

Email #2 _____

Telephone _____ Work Phone _____

Business/Profession _____

Address _____

City, State, Zip _____

It is understood and agreed that a member must have a valid credit card on file with the Hills of Lenawee to establish a member's charge account. The members' credit card on file will be automatically charged for their account balance if a check or cash isn't received by the due date or for guest fees/Birdies tabs not paid. Late fees/Installment fees may apply. **There is a 3% charge for all credit card payments.**

Card Number _____ Exp _____ CVC _____

Signature of Member _____ Date _____

Referred by Member _____ Date _____

Membership Type _____