



Application for 2012 Limited Golf Membership

Name (please print): _____ Birth Date: _____

Additional Member's Name (if applicable): _____ Birth Date: _____

Address (new members only): _____

Phone #: _____

E-mail: _____

Payment information: Credit Card or Check Enclosed

Credit card number: _____ Exp: _____

Amount: _____

Signature: _____

Please return to:

Crystal Mountain Pro Shop
Crystal Mountain 12500 Crystal Mountain Drive Thompsonville, MI 49683
800-968-7686 Ext. 4000 Fax: 231-378-4757

Office use only:
Membership # _____ Entered by: _____ Date entered: _____