



2019 Golf League Membership Application

Name (please print): _____

Email: _____

Address: _____

Phone: _____

League membership amount due: **\$55 (Includes Handicap Fee)**
\$30 Membership Only

Circle One: **Women's 9-Hole** **Women's 18-Hole** **Men's 18-Hole**

Make checks payable to: **Crystal Mountain Resort & Spa**

Mail to: **Pro Shop**
Crystal Mountain
12500 Crystal Mountain Drive
Thompsonville, MI 49683