



Membership Application
Fall 2020

Forest Hills Golf Club • 7530 210th St. N • Forest Lake, MN 55025
651-927-3990 • memberdrive@foresthillsgc.com
www.foresthillsgc.com

Type of Membership Desired

Check One Membership Category:

<i>Membership Classification</i>	<i>Annual Dues Full Price</i>	<i>Annual Dues -25% Discount</i>	<i>Monthly Dues Full Price</i>	<i>Monthly Dues -25% Discount</i>
<input type="checkbox"/> Family (1 voting shareholder, spouse & any children 0-22).	\$3,820.00	\$3,012.00	\$318.00	\$251.50
<input type="checkbox"/> Couple (One adult 31 + years old - 1 voting shareholder, spouse or 1 child 0-22)	\$3,820.00	\$3,012.00	\$318.00	\$251.50
<input type="checkbox"/> Intermediate Couple (Both under 36 years old – Optional voting share member, spouse or 1 child 0-22)	\$2,819.00	\$2,261.00	\$235.00	\$188.00
<input type="checkbox"/> Single - Regular (35 + years old - 1 voting shareholder)	\$3,280.00	\$2,607.00	\$273.00	\$217.00
<input type="checkbox"/> Intermediate Single (26-35 years old – Optional voting share member)	\$2,595.00	\$2,093.00	\$216.00	\$175.00
<input type="checkbox"/> Student (12-25 years old – Non-voting share member – 10 available) *April - September	\$916.50	N/A	\$152.75*	N/A
<input type="checkbox"/> Social Golf & Dining (1 tee time per month – can bring up to 3 guests – all pay going guest fee)	\$100 each plus tax	N/A	N/A	N/A

Please indicate how you would like to be billed for your dues: Yearly Monthly

<i>Additional Fees per Membership Category</i>	<i>One Time Stock \$300.00</i>	<i>Initiation Fee Payment</i>	<i>Bar & Restaurant Minimum*</i>
<input type="checkbox"/> Family	Required	Waived	\$400.00
<input type="checkbox"/> Couple	Required	Waived	\$400.00
<input type="checkbox"/> Intermediate Couple	Optional	Waived	\$400.00
<input type="checkbox"/> Single - Regular	Required	Waived	\$400.00
<input type="checkbox"/> Intermediate Single	Optional	Waived	\$400.00
<input type="checkbox"/> Student	(\$0 if on honor roll)	Waived	N/A
<input type="checkbox"/> Social Golf & Dining	N/A	Waived	N/A

*Bar & Restaurant Minimum does not include sales tax & gratuity – billed separately from the restaurant.

<i>Membership Amenity Options</i>	<i>Single</i>	<i>2 People</i>	<i>Family</i>	<i>Sales Tax*</i>
<input type="checkbox"/> Locker Rental (annual fee per locker)	\$75 Full/ \$50 Half	N/A	N/A	+ Tax for each
<input type="checkbox"/> Club Storage (annual fee per bag)	\$79.35	N/A	N/A	\$5.65
<input type="checkbox"/> Handicap	\$31.00	\$62.00	\$31.00 per person	No Tax
<input type="checkbox"/> Range Membership	\$TBD	\$TBD	\$TBD	+ Tax for each
<input type="checkbox"/> Season Cart Pass	\$615.00	N/A	\$925.00	+ Tax for each

* Sales Tax is 7.2501%

Personal Information

Do you want the information below listed in the Member Directory? Yes No

Name _____

Primary Address _____
Street City State Zip Code

Alternate Address _____
Street City State Zip Code

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ E-mail Address _____

Spouse/Significant Other: Name _____

Spouse/Significant Other: E-mail Address _____

Spouse/Significant Other: Date of Birth _____

Spouse/Significant Other: Home Telephone Number _____

Spouse/Significant Other: Cell Phone Number _____

Single Married Significant Other

Please list your dependent children 22 years of age or younger

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information (optional)

Applicant's Occupation and/or Nature of Business or Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ E-mail Address _____

Spouse/Significant Other Occupation and/or Nature of Business or Profession _____

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ E-mail Address _____

Statement & Newsletter Preference

E-mailed Newsletters

Home E-mail

Business E-mail

E-Mailed Statements

Home E-mail

Business E-mail

I prefer to receive my general mail at:

Home

Business

Do you play golf? _____ How long have you played golf? _____ USGA Handicap _____

Does your spouse play golf? _____ How long has your spouse played golf? _____ USGA Handicap _____

Reference Information

I am acquainted with the following Forest Hills Golf Club Members:

Sponsor _____ for _____ years.

Name _____ for _____ years.

Name _____ for _____ years.

Name _____ for _____ years.

Credit Card Information

Type _____ Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Telephone Number Associated with Card _____

Billing Address for Card _____
Street City State Zip Code

Authorization and Agreement

The undersigned hereby confirms that the information provided in this application is true, complete and correct, and hereby authorizes Forest Hills Golf Club (the "Club"), through its representatives, to conduct such inquiry into the undersigned's financial condition and professional background as it deems necessary and appropriate.

The undersigned acknowledges and agrees that (i) this application for membership is submitted in connection with the Fall 2020 Membership Drive of the Club, and (ii) by submitting this application, the undersigned is making a commitment to remain a member of the Club until at least May 2023, in exchange for the two year 25% dues discount. There is an application fee (equal to 4 months dues at the discounted rate) that will act as a deposit on your membership dues. Deposits are due upon submission of this application. Any member wishing to resign prior to two years, will be responsible for any remaining dues and fees. Exceptions may be made for those relocating more than 75 miles from the club.

The undersigned has received a copy of the Bylaws of FHGC and its House and Course Rules and Regulations as well as information about the financial obligations of membership.

If this application is accepted, and the applicant is admitted in accordance with the formal admission procedures of the Club, the undersigned agrees to observe and be bound by the Bylaws and the House and Course Rules and Regulations of the Club in effect which may be updated from time to time. The undersigned agrees to maintain a current valid credit card on file with the Club at all times, and hereby authorizes the Club to charge such credit card for any amounts owed to the Club, including amounts reflected on monthly invoices, that are more than Thirty (30) days past due. Should legal action be required to collect amounts due, I the undersigned will reimburse FHGC for its reasonable attorney's fees and other costs of collection. Any unpaid amounts will bear interest and be subject to late fees in accordance with FHGC policy.

If the undersigned is suspended from FHGC for any reason, including non-payment of dues, he/she will forfeit all future dues credits.

The undersigned hereby acknowledges and agrees that he/she is personally liable and responsible for all financial obligations relating to his/her membership, including any obligations relating to the use of the Club by his/her family members and guests.

The undersigned agrees to pay the Stock fee at time of enrollment. I agree to pay all dues and assessments beginning May 1, 2021 and future dues and assessments as prescribed and levied by the Club until the share is surrendered or proper resignation is submitted and accepted.

As a Member of Forest Hills Golf Club, I acknowledge that participating in activities at the club involves risk. These risks include, but are not limited to, the possibilities that I and my family or guests might be struck and injured by a golf ball, injured while driving or riding in a golf cart and injured while walking the course. By becoming a member of FHGC I acknowledge that I accept these risks as well as all other foreseeable risks, that I have advised my family and guests of these risks and agree to hold neither the club nor its members responsible for any injury that , my family or my guests might suffer while on the premises.

Name of Applicant (Print) _____ Date _____

Signature of Applicant _____ Date _____



OFFICE USE ONLY

ACCEPTED THIS DAY OF _____ 20_____ .

MEMBERSHIP CHAIRPERSON _____ .

PRESIDENT _____ .



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