



2019 Membership Application

Valid January 1, 2019 until December 31, 2019

Primary Applicant

Name: _____

Address: _____ City/State/Zip Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Email Address: _____

Spouse/Significant Other:

Name: _____

Telephone: _____ Email: _____

Additional Family Applicants

Please complete the following for all children who are living at home, are full time students or active military with valid Identification. They may utilize the golf facilities under the primary applicant's membership until age 24.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I certify that the above information is accurate and that I will comply with the rules and regulations of Greensboro National Golf Club

Signed: _____ Date: ____/____/2019

Must be signed in the Golf Shop

